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## Original Communications.

## REGIONAL ANATOMY

IN ITS

## RELATIONS TO MEDICINE

AND

## SURGERY.

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No. 3.

*Cranial Region continued.*—When the skin is dissected off from the subjacent parts, a work requiring the utmost care, a tolerably uniform layer of adipose tissue is exposed, and passing down through it great numbers of fibrous bands which have been cut loose from the skin. These bands are connected beneath to the occipito-frontalis muscle in front and behind, and its tendon or aponeurosis intermediately; this is the *superficial fascia* of the scalp. Over the temporal regions the fat exists in comparatively small amount. This fascia continues down laterally, slightly attached over the zygomatic arch, and becomes continuous with the fascia of the face, and in front with that of the eyebrows and eyelids. The fibrous bands tie the skin to the musculo-aponeurotic layer quite firmly, so as to admit of very limited movement between the two.

*Practical Deductions.*—In the arrangement of the anatomical parts thus explained, the following lessons may be enforced and phenomena explained. The continuity of the fascial layer with that of the face explains the extension from one region to the other of effusions which are of a very liquid character. If there be any considerable loss of substance, it is in vain to attempt the contact of the edges of the scalp in consequence of its unyielding nature. Wounds, therefore, cannot be expected to unite, either by immediate or intermediate union. Contusions very commonly present a depression in the centre, and an abrupt hard marginal line—the former produced by the force condensing or driving the fat cells or their contents into the adjoining fibrous inter-spaces, and the latter from the difficulty with which effused liquids extend into the surrounding spaces, especially in the superior and posterior regions of the scalp. This umbilicated appearance of swelling from blows resembles somewhat a depressed fracture. From this same property of inextensibility its inflamations are apt to assume an erysipelatous character, always to be regarded with no ordinary anxiety; so, also, arises the strong indication for free incisions into its structure in cases where the swelling and tension threaten the formation of abscesses. Where such precautionary measures have been neglected, sloughing, as might be anticipated, takes place with great rapidity. Surgeons generally, for similar regions, advise that there should be no sutures introduced. Any swelling whatever, which is abruptly circumscribed and limited, may be referred to this structure.

*Glands*—Scattered through this subcutaneous tissue, in addition to the hair glands already described are the *sebaceous* and *sudoriparous* glands. The former are very abundant, most of them emptying into the hair sheath. They are flask-shaped bodies, consisting of a homogenous membrane, over the exterior of which ramify blood vessels, supported by connective tissues, and lined on the inside

by organic cells. Their excretory orifice or duct is narrow.

Those tumors commonly designated wens are enlargements of these glands, and their formation is readily understood when their anatomy is considered. The cells on the interior of the limitary membrane elaborate the materials of their secretion from the blood vessels on the exterior. If, from any cause, the duct or discharging orifice of the sac becomes blocked up, the secretion going on is pent up within, and finally begins to distend the sac. This distension induces an inflammatory exudation from the capillary rete upon the surface, by which the sac becomes thickened, and so, by accumulation within and deposit without, these tumors become, occasionally, of considerable size. For their eradication, therefore, more is necessary than simply to open and evacuate the contents. The sac, now called a cyst, must be removed. These tumors may, probably, be produced by a *congenital* deficiency of the excretory duct. Something analogous to this is seen when the hair follicle lacks an orifice; the hair continuing to grow, is twisted round and round until it becomes a closely-packed spiral coil imprisoned within the sheath. The sebaceous secretion consists largely of fatty matters. Persons addicted to excessive indulgence at the table, and where the articles used abound in hydro-carbons, and who have an active cutaneous circulation, are frequently annoyed with the greasy condition of their hair. It is due to too great activity of these glands, and yet no doubt is a salutary effort on the part of nature, constituting a safe avenue for the escape of those matters which would have overtaxed the liver and laid the foundation for serious structural changes. Where personal cleanliness is not observed, this secretion, by its adhesive property, collects to itself dust and loosened epithelial cells, until offensive crusts are formed over the scalp. In its oleaginous composition, we have the explanation of the facility with which alkalies, as carbonate of soda or potash, remove these accumulations, uniting with the oil to form a soap.

*Sudoriparous Glands.*—The sweat glands, as in other portions of the body, are spiral tubes, the lower ends of which are coiled up into little balls, thus increasing the secretory surface and admitting of their being packed into a small space. In most persons they are active, sometimes uncommonly so, keeping the head wet with perspiration. Especially is this the case in the heat of summer, when exposed to the suns rays, and also during sleep, and no doubt is nature's method of guarding the brain and vessels against undue pressure, and diminishing by evaporation its temperature. The sour odor which occasionally emanates from the head of the sick is to be attributed to the acetic acid which this secretion contains, and the ammoniacal to the elimination of ammonia which exists normally in it as a muriate. Persons in the habit of wetting the hair much with water, particularly if the sebaceous glands be torpid, are apt to have an unpleasant smell about the head, that agent acting as a solvent for some of the saline constituents of the perspiration, and extensively diffusing it through the hair.

*Arteries.*—These reach the scalp, and ramify in its fascia from four different directions. Laterally the *temporals* pass over the zygoma close in contact with the cartilage of the ear, and on the temporal regions divide into *anterior* and *posterior* branches. In front ascend the *frontals* and *supra-orbitals*, branches of the ophthalmics, the former emerging from the inner angles of the orbits, the latter at the supra-orbitar notches of the frontal bones, behind the *occipitals* and *posterior auriculars*, from the external carotids. All these multiply their branches and inosculate on the superior region, and as they all proceed from the external and internal carotids, these vessels, which part company in the neck, become again united through their terminal branches in the scalp.

*Veins.*—Commencing on the superior region are numerous branches, which, by joining others, form the *frontal* veins; these descend parallel with the middle line of the forehead, and passing on either side of the nose, across which they communicate, receive the *supra-orbitals*, which arise above the eyebrows; the two constitute the *angular* veins, the latter

being the commencement of the *facial* veins. On the lateral aspects of the head the blood is collected into two considerable trunks, which joining just above the zygoma form the *temporal veins.* On the posterior part of the head are the *posterior, auricular* and *occipital* veins; the former empty into the temporo-maxillary, and the latter into the internal jugulars. These vessels correspond in their courses to the arteries of the same names. All these may be considered as superficial blood vessels.

*Practical Observations.*—In consequence of the abundant supply of vessels, wounds in this region bleed for a time very freely, but on the superior region rarely require the use of a ligature. When it becomes necessary to make such an application, it will be found not unattended with difficulty in consequence of the density of the structure and the retraction of the vessels. These vessels, especially the veins are sometimes ruptured by the pressure to which the fœtal head is occasionally subjected against the pelvic bones in difficult labor, or by force exerted in the employment of the forceps. There is another blood tumor to be noticed in the scalp of the child, but altogether differently situated. The one of which we are now speaking will, from its accurate limitation and unaltered form under pressure, be known to exist in the subcutaneous fascia, and generally disappears by absorption. In this same tissue are situated, and from these same vessels are fed, those blood tumors which sometimes follow a blow upon the head of the adult. The blood percolates the fibrous spaces for a short distance around, giving it the appearance of a sponge, so that it is seen, when opened, to exude from every point. These tumors are not generally depressed in the centre, as are the bumps which arise after a slight contusion, because the blood which flows from the injured vessel or vessels, fills up the fibrous interstices, and often here continues fluid, so as to be liable to be mistaken for abscess.

These tumors are prone to re-accumulate after being opened, from the rigid nature of the tissue in which the vessels are placed, maintaining their walls patulous. The propriety in such cases of completely removing the placenta like coagula which fills the fascial cells, so as to expose the vessels at fault, will be apparent. When it is recollected that the frontals and supra-orbitals are derived from the intracranial vessels, it will be readily understood how injury done them in scalp wounds may be productive of cerebral disturbances, as the causes which invite undue activity in their contents, must likewise produce similar determinations in their sources. It is in this fact, "that the condition of the terminal branches determines the degree of activity in the parent trunks," that the application of cold becomes so valuable as a sedative agent in inflammation of the cranial contents. If its influence extended no further than the vessels of the scalp, it would be productive of harm, by driving an additional amount of blood upon the encephalon.

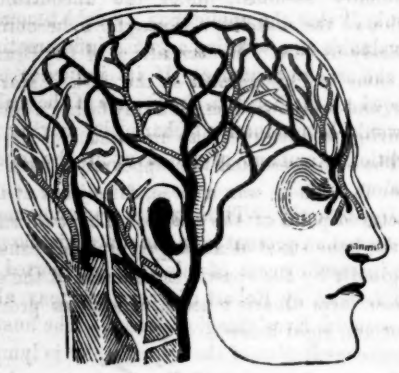
*Hypertrophy.*—Though not very common, its seat when present is in the superficial fascia. An interesting case of this kind is reported in the *Lancet*, by Robert of Paris, and may also be seen in Eves' Surgical cases. The anatomical constitution of the hypertrophy is lymph and a new formation of fibrous tissue, and in its nature essentially an inflammation of the cellular tissue of the scalp.

*Nerves.*—They are of two kinds, *sensory* and *motor*, many of their names the same as the blood vessels, and derived from the following sources. The first branches of the 5th pair (*ophthalmic*) furnish the *frontal* and *supra-orbital*, passing out of the orbit into the scalp in company with the arteries of the same name. The second branches of the 5th pair (*superior maxillary,*) furnish the *temporal* nerves, which reach the scalp by piercing the temporal fascia. The third branches of the 5th pair (*inferior maxillary,*) give the *auriculo-temporals* which ascend in front of the ears. These are probably exclusively sensory in their function. The superficial cervical plexus sends the *occipitalis minor* and *auricularis magnus*, and the second cervical the *occipitalis major*. These contain fillaments of both motion and sensation. The motor portion of the 5th pair furnish the *temporal*

branches, which reach the scalp by passing through the temporal apononeurosis. The facial nerves (parts of the 7th pair) distribute likewise *temporal* and *posterior auricular* branches, the latter communicating with fillaments from the pneumogastrics.

Figure 11 will exhibit the most prominent branches of the arteries, veins and nerves, which are seen by displacing the fat and fascia in the course of their ramifications.

Fig. 11.



*Practical observations.*—This abundant supply of nerves confers a high degree of sensibility upon the scalp generally, but it is most exquisite along the median line, as may be satisfactorily determined by testing different portions with the point of a pin. The very numerous filaments which multiply and intermix as they approach the vertex explain this fact. Wounds of the scalp, for the same reason, are painful, and also swellings, both giving rise frequently to marked constitutional disturbance, the injurious impressions being irradiated often to distant parts, and exciting phenomena, which can only be explained by a knowledge of nervous communications. Thus an injury done to the scalp may produce twitchings of the muscles of the face. It is not necessary to look within the cranium for the seat of difficulty, we have but to remember the relation subsisting between the 5th and portio dura of the 7th pair.

Again, there may be following a similar injury a painful condition of the skin and muscles of the neck; the communication of those branches which have been specified from the cervical spinal nerves, explains the condition satisfactorily. Or there may follow spasmodic action of the muscles of mastication, assimilating tetanus quite comprehensible when we recall the motor division of the 5th pair as the nerve supplying these muscles with movement. Or there may be derangement of the organ of vision or its appendages, explained by remembering the filaments which the first branch of the 5th distributes within the orbit before emerging upon the scalp. Or there may be impairment in the sense of smell, which would be referred to some impression acting on the common sensibility of the mucous membrane through the nasal branch of the 5th pair. And so also might we continue to explain the disturbances which are known to occur in the stomach and liver, as a result of injuries to the scalp, through communications with the pneumogastric.

Neuralgia, by no means a stranger to this region, involves these tegumentary branches of the trigeminus, the first painful sensations being experienced most often over the eyebrow, just where the supra-orbital leaves the orbit. A very painful state is mentioned by authors, said to arise from the partial division of a nerve trunk in wounds, and which is relieved by completing its separation.

*Lymphatics.*—Most of the lymphatics of the scalp reach the face over the zygoma, just in front of the ear, closely related with the nerves and blood vessels situated there. At this point two or three lymphatic glands are seated. Those from the posterior part of the head follow the course of the occipital artery, and a gland or so is placed close to this blood vessel after it emerges from between the muscles on the back of the neck. Over the mastoid part of the temporal bone, associated with the posterior annular artery, a little cluster

also exists. In determining the nature of tumors over these particular points, the existence of these glands should be borne in mind. There are cases of imperfect sensibility of the scalp accompanying their enlargements, which can be explained satisfactorily when their juxtaposition to the main trunks of some of the important sensitive nerves is considered.

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## Resection of the Radius for the removal of a Deformity resulting from a Comminuted Fracture of the Forearm.

By JOSEPH PANCOAST, M. D.,
Professor of Anatomy in the Jefferson Medical College.
[Reported by W. H. Pancoast, M. D.]

Griffith Williams, a Welshman, aged 35, received a severe injury of the arm while working in the coal mines of Llewellyn, in Schuylkill county, Pennsylvania.

While employed in cleaning some part of a pump, the sleeve of a strong blanket coat which he wore was caught in the machinery. His left arm was carried around and squeezed between a wheel running on a guide and a beam above it, so as to crush both bones of the forearm, breaking them, as he says, in three places without tearing the skin, which, however, was subsequently opened by suppuration.

The accident occurred Jan. 20th, 1856.

He had immediate recourse to medical assistance. The arm was kept at rest on a pillow, and supported by bandages and splints, whilst cold lotions were applied. According to his own account, there was great ecchymosis of the whole arm, and it was much swollen.

At the end of three days, three or four abscesses opened on the inside of the forearm. There was constant discharge through these orifices for seven weeks, and the physician, as he says, thought that some pieces of the ulna were thrown off.

During this part of the treatment the arm was placed in a fracture-box, and at the end of seven weeks more, pasteboard splints were again employed. The arm was then doing well. He subsequently came under the care of another physician, who removed all these splints, and trusted only to the application of cold water and friction with cows feet oil.

The arm, the patient states, now became weaker, and as it was unsupported by splints, gradually assumed, under the uncontrolled action of the muscles, a zigzag form, becoming entirely useless. By the advice of Dr. Brant, he came to Philadelphia on the 20th of March last, and presented himself at my father's office, desiring to have the limb amputed.

The arm presented the appearance seen in the cut. There was a loose, false joint at the fractured point of the radius. The two ends of the bone stood at an angle, probably caused originally by the spastic contraction of the extensor carpi ulnaris muscle, which was prominent and rigid below.

There was a weak union between the fractured ends of the ulna. They had become fastened to the radius so as to prevent pronation and supination.

On the 20th of March, six weeks ago, the fractured ends of the radius were resected. A semilunar incision was made over the projecting false joint, care being taken to press aside without injuring the extensor muscles of the thumb, which lay under the line of the incision. The ligamentous union of the radial fragments was cut across, the ends were made to project through the wound, and a portion, about $\frac{1}{2}$ of an inch in length, resected on either side with the saw and cutting forceps.

The tendon of the carpal extensor was divided subcutaneously near the wrist. The angle formed by the united fragments of the ulna still prevented the arm from becoming entirely straight.

The weak union of the bone was snapped by pressure of the hands, and a small pair of bone forceps was introduced to destroy all bony connection between the ulnar and radial fragments.

There was but little hemorrhage, not enough to require a single arterial ligature. The arm could now be put at once into its proper shape.

The wound was dressed in the ordinary manner, and the arm placed in a hollow leathern splint, so as to support it well, from a little below the elbow down to the hand.

The after treatment was simple. The wound healed as such wounds generally do, partly by first and partly by second intention. In a fortnight the hollow splint was laid aside, and the arm supported by the ordinary side splints and a narrow splint beneath the ulna.

No pieces of necrosed bone have been thrown off, and now, (April 30th,) the patient is about to return home. The fore arm is a little shorter than the other, but firm and strong, well shaped, as represented in Fig. 2, with perfect motion at the elbow and wrist, and free pronation and supination.

To obtain these last movements, care was taken to institute passive motion as soon as the union of the bones became firm enough to bear it.

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## Hemorrhoids removed with the Écraseur—Operation bloodless—Recovery rapid and complete.

By W. C. Rogers, M. D.,

Of Green Island, New York.

H. J., American, 30 years of age, moulder, has been afflicted with piles for many years. Applied to me April 10, 1859, for relief. Administered an alterative cathartic on the 10th, followed by castor oil on the 11th. On the 13th, proceeded to operate, Dr. H. B. Whiton, of Troy, administering ether. The hemorrhoidal tumors, three in number, were drawn down with a tenaculum; the largest, about the size of a hickory nut, was included within the chain of the instrument, and completely removed in about *two minutes*. No blood escaped from the excised surface. The second tumor, half the size of the first, was removed in like manner, and with the same result. The third was so small, that we determined to destroy it with caustic. Nitrate of silver was accordingly applied in substance to the last tumor, and to the cut surfaces of the anus, as a safeguard against hemorrhage. An anodyne injection was administered, and the patient left comfortable. The only blood lost was from passing the tenaculum through the tumors. No secondary fever ensued. There was slight strangury for two days. On the 16th, the slough was cast off; and on the 19th, the patient resumed his labor, with but slight irritation about the anus, and with no traces of hemorrhoids, except the three small cicatrices. I report the case, that others may be induced to use the instrument.

## MEMOIR OF THOMAS D. MÜTTER, M. D.

By R. J. Levis, M. D.

When a great and good man takes his departure from his field of earthly labor, a record of those deeds and virtues for which we honored him here, and which are his title to reward in the hereafter, is the last sad consolation that is left to us.

There is a melancholy pleasure in retracing "foot-prints on the sands of time," of one whose feet have wandered not from the strait path,—there is utility in deepening such impressions which may guide the wayward in the way of right.

There is in humanity an honest veneration for departed worth—an innate reverence for the mystic realm of death, which sheds on the mind a tranquil thoughtfulness; and though the simple annals of a well spent life may contain no startling incidents and illustrate few vicissitudes, they may still be acceptable and reviving to the kindest feelings of our natures. Even the ancients to whom death seemed as but a dreaded oblivion, loved to look with wistful veneration on the great destroyer, and the pyramid and obelisk towered to the memory of the departed, the dirge and requiem were chaunted round the pyre, and even in their revels, upon the festive board, a skull and bones,—those pale insignia of mortality,—gazed vacantly, wreathed with a garland, linking budding life to death, as if to make the contrast greater.

If such were the views of those whose almost only associations with death were its terrors,—

"The knell, the shroud, the mattock and the grave,
The deep damp vault, the darkness and the worm!"

how different to us the contemplation, who can view "the breathless darkness and the narrow house" as but a trysting place where we go to meet those we have loved and lost on earth and wait for the coming of those we have left behind, to join in the great celestial gathering.

The subject of this memoir needs no eulogium from us, before the medical profession, and our humble hands would attempt to wreathe no new laurels for his brow;—could we in sadness but plant the yew and cypress on his grave, in tribute to his memory, we would not wish for more. Respect for his memory, and the gratitude an obliged pupil feels for a revered preceptor,—and which we had hoped in vain that time would have allowed us in some other manner to evince,—are the inducements for this feeble offering. Other and abler pens will write for him, to coming ages, a deathless name, to be forever blended with the history of American Surgery, and to stand as a synonym for professional excellence and munificence.

The short life of Dr. Mütter, illustrated the most remarkable mental abilities, and the gentlest qualities of heart. For years we have viewed him at what seemed the zenith of professional eminence, and yet he continued struggling under the oppression of the severest bodily infirmities, to elevate the science to which he was devoted and to relieve the miseries of others. His life, until his retirement, was one of incessant labor. His lectures and immense practice occupied the day, and midnight found him still toiling. The allurements of pleasure and the couch of indolence could not attract him from his great pursuit, and he continued to be active until unable to hold up longer against his fate, he sought retirement and repose,—a calm well suited to the close of a useful life.

And now the grave has closed over him. It will be hard for many of our readers whose last sight of him was in his brilliant career on the forum of medical teaching, to realize the event. What an epitome of this life it is to know that so much mental activity has ceased here, forever; that the eye which so lately gleamed with enthusiasm is closed; the cheek which glowed with ardor is pale; the voice which rang so loud and clear with eloquence, is hushed in the endless silence of the tomb. All who really knew him will fondly revere his memory; those who envied his success and cavilled at his course,—for an eminent position always provokes the attacks of envy and reproach,—will now admit that the result of his life has shown how entirely unselfish was his character:

"death opens the gate of fame and shuts the gate of envy after it."

It is interesting to look back on the ancestry of a man whose elements of greatness seemed to be born in him—with natural abilities which would have made him a leader in almost any walk of life. Dr. Mütter's early progenitors were Hollanders, as the name would indicate, who settled in Scotland, near Glasgow, soon after the Revocation of the Edict of Nantes in the year 1685, which was followed by so much religious proscription. With the hardy Scottish race, who have supplied the world with so many eminent men in all departments of science, he was proud to claim an affinity. We have been informed by Dr. T. M. Blount, his nephew and late pupil, that the grandfather of Dr. Mütter was born near Glasgow, in Scotland, and emigrated to the United States before the American Revolution, and settled in North Carolina. He was a highly educated gentleman, and brought with him considerable fortune. Previously to and after the Revolution he was engaged in mercantile pursuits in Petersburgh and Norfolk, Virginia. He married Elizabeth Moore, the sister of Colonels Samuel and William Moore, of Caswell county, North Carolina, and left four children. One of these children, John Mütter, the father of Dr. Thomas D. Mutter, was sent with one of his brothers to Scotland to be educated, and on their return they settled as merchants and factors at Petersburgh, Virginia. John Mutter removed to Richmond, where he continued in business as a merchant, and agent for several Scotch and English houses extensively engaged in the tobacco trade. He was married to Lucinda Gillies, the daughter of Dr. Gillies of Alexandria, half sister of the late General W. K. Armistead of the U. S. Army, and a relative of Gillies the historian, and also connected with the Lees, Carters and Dulanys of Virginia. She died about the year 1813.

In a few years after that event John Mütter was attacked with a pulmonary disease, for which he undertook a journey to Italy, taking with him his physician, and his private secretary, to attend to his correspondence. He sailed for Liverpool, and from thence went to France, crossed the Alps in the winter season, and reached Naples, where he died in 1819. He was very wealthy, his property being worth more than one million dollars, but during his absence, by some misfortunes or mismanagement, the firm became embarrassed, and comparatively little was left of his estate.

Thomas Dent Mütter, the only child of John and Lucinda Mütter, was born at Richmond, Virginia, on the 9th of April, 1811. Although his father left him but little, he was not unprovided for. Colonel Thomas Dent, an intimate friend of his father, and after whom he was surnamed, left him an estate said to be worth forty thousand dollars. He was placed under the guardianship of Wm. Carter, with whom he resided at Sabine Hall, in the interior of Virginia. He soon became a student at Hampden and Sydney College, and graduated at an early age.

Having determined to follow his inclinations to study medicine, he was placed under the tuition of Dr. Sims, of Alexandria, Virginia. On coming to Philadelphia to attend the University of Pennsylvania, he became a student in the office of Professor Samuel Jackson, who still survives him in venerable grandeur, enjoying the rich autumn harvest of an illustrious life of usefulness. He graduated at the University of Pennsylvania in the year 1831. The subject of his thesis was "Chronic Inflammation of the Testis."

After graduating he made a voyage to Europe in the corvette "Kensington," which was built at Philadelphia for the Mexican government, but that power not being in a financial condition to pay for it, the "Kensington" was purchased by the Russian Emperor, and was taken to Russia under the command of Captain Ramsey of the United States Navy, and was manned entirely by Americans. The officers of the "Kensington," including Dr. Mütter, who was the surgeon of the vessel, received the most flattering attentions from the Emperor, who offered them great inducements to enter the Russian naval service.

After leaving the vessel he went directly to Paris, where he became the pupil of the great

French surgeon Baron Dupuytren, a counterpart of whose brilliant career he has since re-enacted on this side of the Atlantic. During a part of his long residence in Paris he was an "interne" at the hospital to which Dupuytren was attached, and was the fellow student and associate of many who have since become the most eminent surgeons of France, and with whom an intimacy was formed which resulted in a life-long friendship and frequent correspondence.

He returned to Philadelphia to commence practice, and opened an office in Third street, below Walnut, in the old "Willing Mansion." After remaining a year in comparative inaction, and feeling somewhat discouraged, he almost determined to return to Paris to engage in practice, where he was confident of excellent prospects of success, there being at that time no English or American physician residing in Paris. He had formed such associations and acquired such favorable influences during his residence in that capital, and being a proficient in the French and German languages, he could anticipate receiving at least the patronage of the English and American strangers. On this subject he first fortunately consulted his kind friend and old preceptor, Dr. Jackson, who encouraged him to remain and work patiently for another year, but that if at the end of that time the prospect should then seem no brighter, then to return for a permanent residence in Paris.

From this time his flood, which led on to fortune, seems to have commenced, so that by the end of the second year in Philadelphia his professional income was two thousand eight hundred dollars. He was then conducting the daily examinations of a class of students, and was the first who introduced into this country the Edinburgh examining or "quizzing" system, which has since been so generally continued. He also gave lectures on operative surgery to a class of over eighty students, and for that purpose occupied a building in the neighborhood of Ninth and Walnut streets, in which was his lecture room and its appurtenances for teaching. He was also serving faithfully as physician of the Philadelphia Dispensary.

To Professor Samuel Jackson, Dr. Mütter was indebted for his earliest opportunity of displaying practically his abilities as a surgeon, and to his influence and kindness he attributed the beginning of his popular reputation. His merit soon began to be appreciated by some of the practitioners in the greatest repute, while his general intelligence and elegant, affable manners, attracted to him the influential and wealthy among their patients, and his generous, sympathetic, earnest attentions conciliated for him the confidence and affections of the poor and humble.

His ingenuity early had an excellent field for its display in orthopædic surgery, which was at that time beginning to attract the attention that has led to its present important position. The subcutaneous section of tendons practised by Dieffenbach and others in Europe, he speedily repeated, and his success in the treatment of club-feet in particular, increased his reputation and brought him an extensive practice in that specialty of surgery. An essay published by him on that subject attracted a great deal of attention and criticism.

On the 6th of April, 1841, at the early age of twenty-nine, Dr. Mütter was appointed Professor of Surgery in the Jefferson Medical College, and formed an important element in the extraordinary array of talent which has been since that time combined in that institution, and raised it to its present preëminent position. He had there an opportunity of displaying his great abilities as a teacher, which on his subject, are universally acknowledged to have been unrivaled. His kindness and enthusiastic devotion to the interests of the student, his brilliant eloquence, his finished, clear style, and polished, gentlemanly manners, gained for him the love, admiration and respect of the class. All who have attended the Jefferson College within the past few years, will ever recollect with what ardent greeting he was received on his entrance into the lecture room, and will remember occasions when, after some of his many attacks of painful illness, he again tottered feebly to his place before them, the warm and often boisterous applause which

burst and rang, heedless of his attempts to silence it, indicating a feeling for him not alone of respect and admiration, but of the warmest affection and tenderest sympathy for his sufferings.

Dr. Mütter's style of lecturing was thoroughly didactic, forcible, lucid and systematic, and at the same time eloquent and attractive. It has been frequently the case that medical teachers who possess unusual profundity and eloquence, dislike to be hampered by following a systematic course of instructing, and have a distaste for the slow inculcating of elementary matters or principles, but delight to revel before the bewildered tyro in some of the latest theories, or expatiate at length upon other complexities which are to him incomprehensible. With Dr. Mütter, the solid groundwork of the great superstructure was laid before the student in such a plain and impressive manner, as to be clearly understood by him, before he was led up to its more complex and ornate developments.

As a clinical lecturer and operator, Dr. Mütter was equally successful. The famed clinic of the Jefferson College, which originated in the throng of patients who eagerly sought at the institution, the advice of his predecessor, the great McClellan, was fostered by him with intense interest. There, associated with his distinguished colleague, Dr. Pancoast, was practically illustrated what his daily lectures efficiently taught. At that clinic have been performed some of the greatest achievements of American surgery. At these lectures, the amphitheatre was always crowded, not only with medical students, but by practitioners from all parts of the country.

Dr. Mütter had for many years a very large surgical practice, and his advice and aid in consultation was sought by the profession, to a greater extent than his feeble physical abilities enabled him to attend to. His office was thronged with patients from every part of the Union, waiting patiently their turn, for hours, to consult him. To all who needed his services, whether rich or poor, he was polite and attentive, and with all he seemed to create at once an enthusiasm in his favor. At the clinic of the College, on his entrance into the receiving rooms, crowded with patients attracted by his fame, they gathered around him with a confidence and infatuation which seemed almost to say, "If I may but touch his garment, I shall be whole."

Notwithstanding his want of physical vigor, he was an expert and efficient operator. Every procedure was systematically viewed by him in his mind, before undertaking it; each assistant was accurately assigned his special duties, and no instrument or other requisite appliance was ever wanting when needed during an operation. He appeared often at operations to be painfully sympathetic with the suffering patient, and was the first to use ether for its anæsthetic effect, in this city, and did much towards its general introduction.

The labors of Dr. Mütter were abbreviated by the same painful infirmities which always oppressed him, and which early closed his career; yet everything that he has written evinces his ability as a writer, and is in the same genial, polished and concise style in which he spoke. He anticipated producing a full and systematic work on surgery, and had gathered and arranged much material for that purpose, but abandoned it as his health hopelessly failed.

His first publication was a brochure on "The Salt Sulphur Springs of Monroe County, Va.," in 1840. Shortly after this appeared the pamphlet alluded to, on club feet. In 1846, he edited, with numerous and extensive additions, "Lectures on the Operations of Surgery, and on the Diseases and Accidents requiring Operations, by Robert Liston, Esq., F. R. S., etc. These works, with the exception of a syllabus to his course on surgery, and some short essays and addresses, are, unfortunately, all that he was enabled to accomplish.

Dr. Mütter made repeated professional visits to Europe, spending much time in the principal capitols, among his numerous eminent friends, gaining by observation and study, and bringing home, on his return, every new addition to the science or art of Surgery. During these visits he spared no labor or expense to secure the most valuable material for illus-

trating his course of lectures, and has thus succeeded in collecting one of the best private surgical cabinets in existence. His library was kept replete with the best medical literature of all countries. He was a member of several European societies of medicine, or the collateral sciences, and enjoyed a fellowship in the Royal Medical and Chirurgical Society of London, and was a Foreign Honorary and Corresponding Member of the Provincial Medical Association of Great Britain, etc. We have been informed by Dr. A. C. Bournonville, the friend and former pupil of Dr. Mütter, who accompanied him on one of his European visits, that he was greeted warmly by the most eminent medical men of London and Paris, often meeting them socially, and attending, by invitation, their operations and consultations. Among those to whom he was most endeared, were his distinguished and attentive friends, Trousseau and Sir James Clark, to both of whom he was indebted for kind professional services during severe attacks of his frequently recurring malady. His presence seemed at once known among the numerous American health or pleasure seekers in Paris, who sought his society, and many every day consulted him professionally. Many of our countrymen, on going abroad. who have been favored by him with letters of introduction to distinguished medical men, have found them passports at once to the society and attentions of the recipients.

Dr. Mütter's latter tours through Europe were made for his health, as the only means of securing relaxation, and escaping the incessant calls for his services at home. But it was evident that his condition was not improving. During the last course of lectures which he delivered, an anxious, care-worn expression evinced that his natural great buoyancy of spirits and extraordinary mental activity, were vainly struggling under the crushing burden of disease and suffering; and although it was not without forewarning, yet in the spring of 1856 the sudden resignation of his professorship and retirement from practice, rather startled his friends.

After making some final arrangements of of his affairs, he proceeded to Europe to make a last attempt to restore his health, spending his time in the capitols, or at the most celebrated watering places. His long stay in Europe made his friends hope that he was being benefited by the relaxation from care and labor, but in November last he returned feeble and dejected, with the graven lines of pain furrowed deeply on his brow. His too early whitened locks showed that with him the blanching snows of winter were following too hard upon life's summer—seed time and bloom, and then the snow drift had blighted the harvest.

He soon sought the more genial climate of the south, but his life was near its close, and in the city of Charleston, on the 16th of March last, in the 48th year of his age, weary with suffering, he laid down to his final rest. Thus has ended the career of one whose life was a credit to his country, a gain to science, and a blessing to humanity.

With the liberality which characterized him through life, he has donated his splendid cabinet, to which we have alluded, to the "College of Physicians of Philadelphia," to found a museum, to be denominated the "Mutter Museum, founded by Thomas Dent Mütter, M. D., L.L.D., A. D. 1858." And also property to the amount of thirty thousand dollars, for the maintenance of the museum, the payment of a curator, and the endowment of a lectureship on surgical pathology. To the "Hospital of the Protestant Episcopal Church in Philadelphia," twenty thousand dollars are bequeathed for the founding a "ward for incurables."

Dr. Mütter was a member of the Episcopal Church, to which he was devotedly attached. The consolations of religion supported him through his long sufferings, which he bore with patience and hopefulness. And would not that hopefulness which led him buoyantly through so much earthly travail, teach him to hope for the life beyond? Is there not within us all that intuitive assurance of a bright resurrection which should well make the hopeless sufferer in joy exclaim—

"Shall I be left forgotten in the dust,
When fate, relenting, lets the flower revive!
Shall nature's voice, to man alone unjust,
Bid him, though doom'd to perish, hope to live?"

In every view of him, he was a "good physician." His manner hopefully inspired the desponding; his skill raised many from a lingering couch; his bounty flowed from an open hand and purse, wherever sickness and poverty, those uncongenial, gaunt, unwelcome, but oft linked companions harassed the sufferer; his great name was ever popularly associated with the relief of suffering, the healing of the sick, joyfully leading away the halt, restoring sight to the blind, or soothing the path of the worn and life-weary to the eternal rest.

Yet again shall we meet him where preceptor and pupil, physician and patient, shall stand in new relations; where disease shall not corrupt, and pain shall not rack; where the palsied hand shall be freed from its fetters, and the darkened eye opened to the light of the life immortal; where the wan and wasted shall be revived; where hopes wreck not, and where sorrows are unknown!

We have not attempted to present in this tribute, a full account of Dr. Mütter, or to give more than a faint outline of his life and character. It is beyond our ability to portray him correctly to those who were not personally acquainted with him,—to those who knew him well, we have merely awakened some welcome reminiscences. We all deplore his loss as one which we cannot retrieve, yet he has but "gone before" us to the common fate which gathers in the mould and levels all earthly distinctions,—the mighty in intellect, with the imbecile; the crown, with the crook; the sceptre, with the clod:

"Earth's highest station ends in 'here he lies,'
And 'dust to dust' concludes her noblest song."

## Veratrum Viride in Apoplexy and Uterine Hemorrhage.

By B. Woodward, M. D.,
Of Galesburg, Illinois.

The power which veratrum viride possesses to control arterial action, without the more permanent depressing effects of tartar emetic and other arterial sedatives, has led to its adoption in various forms of disease. The very marked influence of the remedy in pneumonia, pleurisy, rheumatism, etc., has led me to try it in two cases of apoplectic attacks, and also in uterine hemorrhage.

My father, aged 75, a large heavy man, has for years been laboring under an asthmatic affection, induced by thoracic and pericardial effusion. For about a year past, whenever he stooped low, there has been determination of blood to the head, producing vertigo, and sometimes temporary loss of sensation, but upon putting him in an upright position, and bathing the head with cold water, it would pass off.

In December last, while sitting in his chair, he suddenly fell forwards perfectly insensible. I was with him in a few minutes, and found his breathing stertorous, pulse very full, strong and labored, the carotids throbbing violently, countenance livid and eyes suffused. In consequence of the serous effusion mentioned, I did not think best to use the lancet, but as he could swallow, gave at once 20 drops of Norwood's tincture of veratrum viride, and to prevent vomiting, applied a mustard poultice to the epigastrium. In an hour I gave ten drops more, which was well borne, and in three hours from the time he took the first dose the pulse was brought down to 50 per minute. I also used the iced cap. He had profuse diaphoresis and diuresis, and his bowels moved freely. I kept the pulse down by repeated small doses of the veratrum, the congestion passed off and he was restored. From that time to the present, whenever there have been apoplectic symptoms, he has resorted to the use of the veratrum, in doses of from four to eight drops at intervals, with the best effect. The other case in which I used the remedy was much like my father's, but less severe. In another case, however, which terminated fatally in three days, it was resorted to after bleeding, without any effect, for it seemed to have no control over the pulse. In this last case there was, from the first, perfect hemiplegia.

*In Uterine Hemorrhage.*—Mrs. T. miscarried in the 5th month, from a fall. After delivery the uterus refused to contract, either on the use of ergot, manipulation, cold to the abdomen, or any of the means used. The loss of

blood was very great, and I gave her 25 drops of Norwood's tincture, not caring whether she vomited or not, but rather hoping she would, which she did 15 minutes after taking it. In a very short time the hemorrhage abated, the uterus contracted well, and all was right. Was it the veratrum which did it?[1] In two other cases of post partum hemorrhage I have used the medicine with good effect after other means had failed. One thing is certain—it will, in a great majority of cases, control the action of the heart. It may be thought that such large doses of so active a remedy must be dangerous. I have found no bad effects from them, though it has only been in the cases mentioned, that I have ventured upon them. It may be that the use of the remedy in the cases above mentioned is not new; I have only to say I have seen no notice of such use. Thus far my experience with the medicine in apoplexy or uterine hemorrhage has been very limited, too much so to be able to form a correct opinion as to its value. If the readers of the REPORTER have used the medicine in any similar cases, will they give us their experience?

—o—

The Vigilance Committee of the London Medical Registration Association, have been, under the new medical enactment, warning irregular practitioners to discontinue their practices. Some of the quacks have ceased their nefarious business, and individuals who have been sued for the exorbitant demands of notorious empirics, have been aided by the Association in successfully resisting such attempts at extortion.

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Two persons have been tried in Liverpool and convicted of poisoning the *holy water* in a Roman Catholic chapel, by throwing large quantities of chromate of potash into it. It irritated the skin and injured the clothing of those who used it as a religious form.

[1] Whatever good may have been accomplished by the use of the veratrum in this case, in the reduction of the pulse, there is no doubt but the act of emesis had great influence in bringing about the favorable issue, by causing the uterus to contract.—[EDITORS.

# Illustrations of Hospital Practice.

## PENNSYLVANIA HOSPITAL.

Service of Dr. Neill.

APRIL 16.

Dr. Neill prefaced the introduction of a series of cases illustrative of granulation and cicatrization by some observations on the value to the student of an intimate acquaintance with these processes. The object of a student attending hospital practice was not merely to witness operations, however important this may be, but to learn when and where operations become necessary, and to observe the sequences of the operation. Patients were not brought before the class to excite sensations of horror or even pity; the object was to teach the laws of cure, to show the reparative powers of nature—the laws of surgical pathology.

*Granulation and Cicatrization.*—The cases were to be studied by the phenomena exhibited, and their present condition, independently of the accident or disease producing their present state.

*Case 1st.*—This was a pallid, unhealthy looking young man, presenting a large raw, granulating surface over the trochanter, and, connected with numerous sinuses and openings, extending from the ilium to the perinæum and nearly to the knee. In ordinary language, this patient would be said to have an ulcer, but this is a very vague term, as also the term ulceration, often synonymously used. A healthy ulcer, although it may seem a paradoxical expression, is not attended with ulceration—the latter term implies the breaking down, the absorption, and ejection of the molecules of a part. A healthy ulcer is a term used to convey the idea of a healthy granulating surface. The question at once occurs, what is a granulation? Upon examining this surface you will find it studded with a number of little red points, each of which is a granulation, and consists of certain determinate elements, viz: a collection of cells, formed in effused lymph, and blood vessels.

The redness of this surface depends upon the blood in the capillary vessels, and the shade of the color upon the character of the blood. This blood vessel is formed by a constant law—not, as Hunter supposed, *de novo* in the granulation. The development of vessels in granulations is a most wonderful and beautiful process, a series of loops and arches being formed as outgrowths from neighboring vessels there, thus constituting a continuity of the old part with new tissue.

Granulations vary in different individuals and in different surfaces: the term healthy or unhealthy

sores depend on the character of the granulating surface. This is the key to a knowledge of the nature of ulcers. In the present case, the granulations are not bright and uniform, as they should be; this is in consequence of the broken down and debilitated condition of the patient, and hence in the treatment, which here consists of lint wetted with a solution of chloride of zinc, grs. v. to f℥j, reliance is not to be placed upon the mere local application of astringents, but upon a roborant constitutional impression.

If this patient were kept on low diet, the granulations would never reach the surface.

*Case 2d.*—Was a young man from whose leg the skin had been torn by wheels. Upon the lower part of the leg, and nearly surrounding it, is a large granulating surface; the tibia is bare, and the heel deeply ulcerated. As these granulations are touched with the sponge they bleed; this is because there is more blood and better blood in them than in the last exhibited.

There is another process also going on upon this surface, viz: cicatrization; that process, by which an ulcer closes and becomes covered by an integumental investment. The granulations fill up the cavity, and as they reach the surface there seems a manifestation of some force, determining the new tissue to be formed, whether skin, or cellular tissue.

The granulations nearest the edges are smooth and glazed over with a thin, whitish-blue pellicle; this is the first appearance of new skin, composed of granulation cells, developing into epithelium. In this patient, as well as in the last, in the *middle* of the granulating surface there seems to be a tendency to cicatrization.

The statement ordinarily made, is, that cicatrization *always* depends upon forces in the edges of the ulcer, that the granulations receive their plastic force from the borders of the old tissue, and that they never can commence in the middle of an ulcer. *Errichsen*, and other high authorities, make this assertion; but this is not always so, and even in the very ulcer under consideration a little island of new tissue has formed in the middle of the surface, proving that cicatrization will diverge from the centre, as it will converge from the periphery.

This man is under the most active constitutional treatment.

*Case 3d.*—This patient some time ago met with a severe injury to the leg, produced by a mass of coal falling upon it, necessitating amputation. A primary operation was refused. Owing to the broken down condition and intemperate habits of the patient, he was in imminent danger of losing his life, delirium came on, abscesses formed in the leg and thigh. After the operation, the integuments forming the flaps, sloughed. This illustrates an important point in the pathology of cicatrization, viz: that the granulation cells have the power impressed upon them of receiving from the blood the elements of the new tissues to be formed, and of depositing them according to certain architectural laws.

The bone is formed, not by passing through a pulpy and cartilaginous stage, but out of a granulation cell is formed a bone cell.

The end of the stump is being rounded off, all irregularities filled up by newly formed tissues, and preparing for its investment. In after years the end of the bone will be partially absorbed, and the medullary canal closed by a layer of bone.

The practical points here are: cleanliness, the removal of excessive pus, the prevention of putrefaction, and sustaining the strength. Should the granulations become weak, flabby or fungous, they should be touched with nitrate of silver, and dressed with weak solution of sulphate of copper.

*Case 4th.*—This case most strikingly illustrates the reparative powers of nature in the production of new or supplemental tissues; perfect cicatrization having taken place upon the foot and leg of a man after an extensive burn from the filling of his boot with molten iron. The new skin conforms in a very great degree to the characteristics of that which it succeeds, being thin and smooth on the upper surface, and corrugated upon the plantar surface of the foot. The new tissue, however, is by no means equal to the old, lacking its elasticity and mobility, in consequence of its close connection to the subjacent cellular tissue. Scars are also defective in vital power, and have less resistance to destruction. When the health breaks down, or when great pressure is made on them, the scars give way and ulcerate. As the patient advances in life, the cicatrix will conform more and more to the original type.

There is a small portion, as is often the case after such extensive injuries, which obstinately refuses to heal. This was also touched with nitrate of silver, and dressed with lint, wetted with solution of sulphate of copper, grs. v to f℥i.

*Operation—Railway Injury.*—The lecture was interrupted here by the announcement that a boy, eight years of age, had just been brought to the hospital, with a railway injury. Dr. N. directed him to be brought into the amphitheatre. The wheel passed over the dorsum of the left foot, and by its weight burst it open. There was a lacerated wound extending from the internal malleolus to the metatarso-phalangeal articulation of the great toe; the proximate end being dislodged

from its articulation and forced through the external wound. The soft parts were extensively crushed and infiltrated with blood and serum. The skin of the entire foot was cold and blue, and devoid of sensibility. There was but little hemorrhage. Whilst examining the case, Dr. N. remarked that where a wheel of a car passed over a foot, the foot was generally lost, eitheir directly or by subsequent sloughing; and the question arose here whether the whole foot should be amputated or the injured parts alone removed.

The latter course was decided upon on account of the youth of the patient. In a young person the foot may be mashed without fracturing the metatarsal bones. An adult, with the same injury, would lose his foot.

The operation consisted of enlarging the wound already made, and the removal of the great toe with its metatarsal bone. The edges of the wound were brought together loosely by adhesive strips; not encircling the whole foot, which might increase the chance of sloughing. No sutures were used, because the flaps were cold and blue. The first dressing Dr. N. observed would be dry lint and charpie, with a light roller to keep it warm. With the vitality of the parts depressed, it would be madness to use a cold water-dressing.

*Operation for Congenital Deformity.*—A lad of about 12 years of age was exhibited to the class in consequence of several deformities, consisting in the presence of supernumerary parts or tissues.

Several of the fingers of each hand were connected together by a musculo-cutaneous band, affording an illustration of the peculiar condition known as *web-footed.*

In addition to this there was a supplementary toe to each limb. The great toe of each foot appeared to be flattened, and bore upon its under surface a deep longitudinal groove. Upon examination the portion on each side of the groove proved to be a distinct toe, having its own phalanges and articulations.

Dr. N. removed the inner, least developed toe of each foot, and closed the wound with silver sutures.

### April 20.

*Lacerated Wounds*—Dr. Neill remarked, that he would bring before the class a series of cases illustrative of the results of lacerated wounds. These, he said, are interesting with reference to the consequences which are apt to follow. The danger of lacerated wounds consists in their secondary changes, as hemorrhage, sloughing, etc.

*Case 1st.*—This case has been one of great interest since its admission into the Hospital, on account of the secondary changes that have taken place. Some time ago the patient received a severe gun shot wound of the index finger, tearing to a very great extent, and exposing the thecæ of the tendons. There was here, then, a lacerated wound, consequent upon a gun shot injury.

After a few days great constitutional disturbance occurred. The hand became exceedingly painful, whilst swelling and redness extended up to the wrist. Cases similar to this are frequently met with, and always require very careful attendance. In consequence of being bound down by the sheath of the tendons, pus, formed beneath the deep fascia of the hand, unless a free incision is made into the suppurating part, may travel upwards, and at last appear above the wrist.

In this case free exit was given to the pus, and the whole hand enveloped in a flaxseed poultice.

*Case 2d.*—A penetrating and lacerated wound of the hand, from being caught in machinery.

In this case there were by far more serious secondary consequences than in the preceding.

A few days after the injury there was great constitutional disturbance, and there were lines of redness running up the arm. There was inflammation of the lymphatic vessels. He was restless and sleepless, had loss of appetite and furred tongue. This *Angeioleucitis* or inflammation of the lymphatics is a symptom of a very unpleasant kind, and is often followed by another condition that is very much to be deprecated in wounds of all kinds, namely, erysipelas; this occurred in the present case.

The symptoms, however, gradually subsided, the redness and erysipelas disappeared, and there at present remains a wound and a swollen condition of the hand. This swelling which is due to infiltration of the cellular tissue, can go away only by one of two processes—absorption or suppuration.

*Treatment.*—The hand was poulticed; lead water and laudanum applied to the forearm; quinia, six grains in the course of the day, and 10 to 15 drops of the tincture of the chloride of iron three times a day.

*Case 3d.*—Extensive lacerated wound of the hand, from the premature explosion of gunpowder, whilst blasting.

This wound was soon followed by erysipelas. The attack was ushered in by a very severe chill. The limb, from the hand to the axilla, was enormously swollen, and traversed by red lines. The hand and forearm are at present of a dusky hue. The erysipelatous effusion in several parts of the arm was of an irritant character, and provoked extensive ulcerations.

The treatment pursued in this case was similar to that of case 2d.

*Wounds of the Scalp.*—Wounds of the scalp are more serious than corresponding wounds elsewhere—not on account of any great risk to the scalp, but on account of the supervention of erysipelas, or of inflammation of the brain and its membranes.

*Case 1st.*—A wound about 1½ inches in length, upon the posterior portion of the parietal bone. The edges are not united, although the wound was made some days previously, and there is a quantity of pus in it. There will consequently not be union by the first, but by the second intention. This is due to the contusion of the parts.

Some two or three other cases were presented, the main points in the treatment of which were, the avoidance, as much as possible, of the use of sutures, the bringing the parts together by means of adhesive strips, the application of the warm or cold water dressing, and careful attention to the general condition of the patient.

*Fractures of the Clavicle.*—A few days ago I showed you four cases of fracture of the clavicle. I then pointed out the general nature of the deformity, indications and treatment, as well as the particular complications of those cases. To day I show you two new cases.

*Case 1st.*—A lad of 19 years, with a fracture about the junction of the middle and acromial third. This case has no complication; presents the usual deformities; is treated in the usual manner.

*Treatment.*—The indications to be fulfilled are, to elevate the shoulder, and to support it in a direction *upwards*, *backwards* and *outwards*. The apparatus preferred in the treatment of this injury at the Pennsylvania Hospital is the one known as Fox's. This consists of a ring of buckskin or of muslin stuffed with cotton, through which the uninjured arm is passed, so that the ring may surround the sound shoulder; of a firmly stuffed, wedge-shaped pad, having a band attached to each extremity of its upper or thicker end; the thick end of the pad is firmly pressed against the axilla and held in position by the bands, one of which passes anteriorly the other posteriorly across the chest, and are tied to the ring; lastly, of a sling made of strong muslin, with a cord attached to the humeral extremity, and another to each end of the carpal extremity; by means of these cords, which are also tied to the ring, the arm can be powerfully elevated, and the elbow drawn forward and inward, and consequently, the pad acting as a pillow, the shoulder forced outwards.

*Case 2d.*—Was a short, thick, middle aged black man, of intemperate habits. The fracture is about the middle of the bone, and characterized by an unusual degree of swelling, the size of a walnut. What occasions this swelling? The man was tipsy at the time of the injury, and rebellious for some time subsequent to it; it was with difficulty that he could be undressed and the apparatus applied. This constant resistance on his part, and the jagging of the spiculated fragments of bone, produced effusion of serum and lymph in the surrounding tissues. This swelling is not callus; callus is bone, and is not formed for three weeks. If the shoulder is kept quiet, absorption will take place to a great extent; but if motion is allowed the callus will be in excess and irregular.

*Gonorrhœa.*—This patient was on a former occasion brought before the class in attendance upon the hospital clinics in order to illustrate the diagnosis between what is often mistaken for chancre and of extensive ulceration of the prepuce. The surface of the prepuce presented a large number of superficial ulcerations, with a muco-purulent discharge. The skin was reddened, hot, infiltrated and painful. Caustic application to the parts was freely applied, and in a short time the ulcers healed.

At the time that the man was first shown, he had a discharge from the urethra, a running of purulent matter, a *gonorrhœa*.

The man has had this disease during two months, at one time improved in consequence of treatment, at another relapsing into his former condition. This is by no means thus a recent gonorrhœa, and by many persons would be called *gleet*, which is the term used to convey the idea of a chronic gonorrhœa.

Gleet, a not unusual sequel to gonorrhœa, is often owing to the condition of the mucous membrane after the subsidence of the acute inflammation; but sometimes it is the result of improper or injudicious treatment, and sometimes an accompanying symptom of the early formation of strictures.

The common treatment of gonorrhœa generally consists of the administration of copaiba and cubebs in large doses, often followed by injections. If there is any medicine that is abused it is copaiba and its congener, cubebs. They are stimulating diuretics, unquestionably at times beneficial, but I inveigh against their common and indiscriminate use as unphilosophical, in the first instance, and injurious in the second.

What is the cause of the chronic gonorrhœa in this instance? Although the patient denies that the stream of water is diminished in size, we suspect a commencing stricture, a condition that in its early stages is often not recognized by the patient, and is overlooked by the physician. The mucous membrane of the urethra may be inflamed, thickened,

almost granular, keeping up irritation and a slight discharge, and the patient nevertheless direct little or no attention to the condition of the stream of water that he may pass.

I believe more harm than good is done by copaiba and cubebs at the present time. Congested strictures and chronic cystitis are often mistaken for gleet.

Dr. N. then selected a full-sized bougie to examine the urethra. It could not be passed beyond three inches; this is a frequent seat of stricture. I shall not force this to-day, but I think it will yield readily to dilatation. The introduction of a large bougie is often said to cure a gleet; this is because it cures this early form of stricture. This gleety discharge is merely a symptom, and attendant upon stricture.

# Medical Societies.

## THE QUARANTINE AND SANITARY CONVENTION.[1]

This body held its third annual meeting in the city of New York last week. The delegates met in the hall of the College of Physicians and Surgeons on Wednesday, the 27th ult. *One hundred and forty-two* delegates answered to their names, as follows: *New York:* N. Y. Sanitary Association, 25; Academy of Medicine, 17; N. Y. Medical Association, 3; the Kappa Lambda, 3; Ward's Island Hospital, 5; N. Y. Common Council, 11; Medico-Chirurgical Society of Brooklyn, 3; King's Co. Med. Society, 2; Brooklyn City Hospital, 6; Brooklyn Board of Health, 2; Troy, 2; Staten Island, 3. *Pennsylvania:* Philadelphia Board of Health, 11; Phila. Co. Medical Society, 1; the College of Physicians, 5. *Rhode Island:* Providence Board of Health, 2. *Massachusetts:* Boston Board of Health, 15. *Virginia:* Norfolk Board of Health, 4; there were also delegates from Richmond. *Maryland:* Baltimore Common Council, 12; Board of Health, 4; Medical Societies, 6. *New Jersey:* Newark Board of Health, 6; Newark Medical Society, 1; Essex Co. Medical Society, 2. *Alabama*, 1. *District of Columbia*, 1. During the session other delegates registered their names, and some who were not sent as delegates were invited to take part in the exercises.

Dr. Joseph M. Smith, one of the faculty of the College of Physicians, welcomed the delegates to the city. The Convention organized by the election of the following officers: President, John H. Griscom, M. D., of New York; twelve vice presidents from the different States represented, and six secretaries were elected.[2]

Dr. Griscom, on taking the chair, made some very happy remarks in acknowledgment of the honor so unexpectedly conferred upon him. The objects of the Convention, he said, were two fold—to consider the external sanitary police of cities, whose operation was coextensive with commerce, and the internal hygienic police of society. The first was the most imposing, but the last he thought far the most important. Quarantine defences had engaged the attention of all commercial nations from time immemorial, but the hygienic rules for the preservation of the health of individuals and of families had been strangely neglected. Yet the house on the heath and the tenement in the city needed to know them alike, and ignorance of them was limiting human life far more narrowly than nature had set. New York city in twenty-five years had lost—

| | Inhabitants. |
|---|---|
| From cholera, - - - - | 12,300 |
| " cholera infantum, - - - | 15,000 |
| In 20 years from hydrocephalus, - | 12,400 |
| From erysipelas, - - - - | 2,100 |
| " cholera morbus, - - - | 1,400 |
| " convulsions, (mostly infantile,) | 20,000 |

These were diseases originating in the domiciles. But from yellow fever, against which, more than anything else, we erect the barriers of quarantine, the loss in fifty years had been only 600. These pregnant facts produced quite a sensation.

A committee was appointed to arrange and propose the business of the sessions.

*Second day, Thursday, April 28th*—The Committee on Quarantine appointed by the

[1] Compiled from the reports as published in the *New York Daily Times*.

We take this opportunity to acknowledge our indebtedness to this sterling paper for many interesting items of interest to our readers. The *Times* is, as a rule, much more fair in dealing with subjects in which our profession is concerned than is customary with the newspaper press, and we take pleasure in making this acknowledgment.—[Editors.

[2] We trust that we will never again have occasion to record the fact that a scientific association has followed the ridiculous custom of political meetings in electing supernumerary officers. We would like to know who was vice president, and particularly who was *secretary* of the above Convention.—[Editors.

last convention presented its report. This is an elaborate document of eighty-four pages. *First*, it details the history of Quarantine from the earliest times. *Second*, it discusses the question,—"*Have Quarantines secured the object for which they were originally intended? If not, the reasons of their failure?*" and gives the reasons why to some extent they have not. *Third*, it considers what reforms are necessary to make them more efficient and less burdensome. To the report upon these topics all the members of the committee sign their names, to wit: Drs. Wilson Jewell, R. La Roche, and D. F. Condie, of this city; John M. Moriarty, of Boston; Warren Cleveland, of Brooklyn; Wm. J. Wragg, of Charleston; Wm. Selden, of Norfolk; and Wm. Kemp, of Baltimore. A fourth part, for which Dr. Wragg alone is responsible, discusses the feasibility of a uniform system of quarantine laws. The fifth part, to treat of the best means of purifying infected vessels, was intrusted to Dr. Cleveland, of Brooklyn.

The first part of the report was read and adopted without debate. The second part, without committing its authors to any radical doctrine, leaned well to the side of the party that would abolish all quarantine. This was debated at length.

Dr. McNulty, of N. Y., moved the adoption of this part of the report. He thought it came short in only one respect; he regretted that it did not definitely advise the total abolition of quarantine. The great need of our cities was a good, effective sanitary police. There was no need of quarantining vessels in the lower bay; he would transfer yellow fever patients, whose presence was so much dreaded, directly from on shipboard to the hospital on Broadway, and never have a fear of yellow spreading from them.

Dr. Guthrie, of Memphis, Tenn., thought that while Quarantine could do little for those localities where it was a native, indigenous disease, it was absolutely necessary in those places where it never occurred, except upon importation. Until Quarantine restrictions relaxed, yellow fever never much troubled Memphis.

Dr. Tuthill, of New York, found little in the report to object to, and much to approve. It was able, suggestive, and rode the fence well. But if the radical opinions of Dr. McNulty were veiled under any of its paraphrases, he should hesitate to vote for its adoption. This convention should pause before endorsing any such sentiments, even by implication. From the character of the convention the effect of such a course would be that the non-professional public would early clamor for the removal of all Quarantine restrictions, on account of their interference with commerce. That our Quarantine laws had been made unnecessarily stringent, and their enforcement unwisely oppressive, he granted. Still that they had saved Brooklyn and New York from repeated epidemics must be admitted, beyond a controversy. Sanitary municipal regulations did not save Brooklyn from yellow fever two years ago, when starting at Bay Ridge it spread along the highland, and desolated the very best regulated part of the city. Yet it was directly traceable to the infected shipping, which, in violation of the laws, had come too near to the city. What then might have been expected if the infected vessels came directly up, and there were no barrier between the metropolis and the pestilence? Dr. Griscom's statistics presented on Wednesday were intended to show how much more important Sanitary regulations were than Quarantine, but they still more clearly proved how much Quarantine had done for us. In twenty-five years Dr. G. said we had lost 63,000 inhabitants from diseases engendered in the domicil, but in fifty we had lost only 600 from yellow fever, against which mostly we erect our Quarantine barriers. Who doubted that the statistics would have read very differently if we had been without any Quarantine?

Dr. Bell, of Brooklyn, said that instead of Quarantine being a protection to Brooklyn it was the cause of the yellow fever there in 1856. Every case that occurred could be traced to infected ships, goods, or employees. Quarantine badly maintained was the cause of the epidemic. The fever was confined to those parts of King's county which were sandy, hot and wet, and stopped when it reached the paved streets.

Dr. Elisha Harris, of New York, (late marine physician,) thought that imperfect as it was, Quarantine had repeatedly prevented New York from being swept by pestilence. Two features of our system are right. It is right to detain infected vessels away from the city, and it is right to detain infected goods until they have been thoroughly ventilated, and until after a heavy frost in the fall. But this last feature is never now-a-days insisted on. No political party could afford to abolish

the lighterage system by which the health office secures a good portion of its fees, and by which infected goods, without any ventilation, are transferred from the vessels directly to Brooklyn. Dr. Harris alluded to the anomalous history of the yellow fever in Brooklyn, which scourged the best drained of lands, and wasted in mansions where every thing that could be done was done to stay it; to the curious fact, too, that it broke out on Governor's Island, 4½ miles from where infected vessels were discharging cargo, and in the best ventilated upper rooms, where no fault could be found with the hygienic regulations of the quarters.

Dr. Alex. H. Stevens, of New York, thought that this talk was all away from the point. To make a point he offered the following:—

*Resolved*, That in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed from one person to another, it is the opinion of this Convention that the personal quarantine of yellow fever cases may be safely abolished.

He felt sure that the proposition was true of yellow fever in New York. If any Southern delegate thought it untrue of it in his latitude, he would like to hear from him, and he would amend his resolution. The fact of the non-contagion of yellow fever he thought he saw fairly proved in 1820. This point gained, that personal contagion was impossible, we had it in our power greatly to mollify the restrictions of quarantine at once.

Dr. Guthrie added the testimony of his experience to the statements of Dr. Stevens, and urged the adoption of the resolution.

Dr. Kemp, of Maryland, suggested that the mooted question of contagion or non-contagion was not pertinent to this place and time.

Dr. Stevens was willing to table the resolution temporarily, but before a final adjournment he hoped the question would be candidly considered, so that the proposition might go out as a *res adjudicata*.

The resolution was withdrawn for the present.

Dr. Anderson, of Staten Island, saw that Dr. Harris endorsed the report, but he preferred to endorse Dr. Harris when he said before the New York Senate Committee—"It were well for the sanitary interests of New York City, if to-day the whole Quarantine system were entirely abolished."

Dr. A. offered the following resolution, which was, however, ruled out of order by the President:

*Resolved*, That it is the opinion of this Convention that the system of Quarantine, as hitherto maintained in the port of New York, has totally failed to effect its object; that all the restrictions necessary here are to detain vessels actually infected, in an isolated situation, from April 1 to October 1.

He regarded our present Quarantine as simply unnecessary, dangerous, and an intensifier of disease.

Dr. Baldwin, of N. J., said that the mistake of the report lay in considering yellow fever as the only disease that ought to be quarantined, whereas it prevented, or ought to prevent, the importation and spread of smallpox, ship fever, and typhus. He had seen ship fever in New Jersey which had been imported by emigrant ships into New York, and thence spread over all the vicinity. This, and the arguments of Dr. Bell, proved only that Quarantine was not rigidly enough maintained certainly not that none was necessary.

Mr. Neilson, of N. Y., thought that this Quarantine was a humbug. Last season a ship of his went to Boston, having lost two of her crew with yellow fever. She was detained two days, and then discharged her cargo, yet no harm came of it. If she had come here she would have been detained below for weeks, greatly increasing the expense, and he believed with no additional safety to the port.

Dr. Jeffries, of Boston, asked if there was any gentleman present who could honestly say that Quarantine had accomplished what it professed to do? He certainly could not. The report was conservative.

The question was then taken on the second part of the report, and it was adopted.

The third part of the committee's report was next read.

Dr. Griscom decidedly objected to one paragraph in this part, which says: "The committee candidly confesses that it knows of no existing system of Quarantine that can be esteemed correct in theory, or calculated to secure any beneficial result in practice." Other portions were equally objectionable and incorrect.

Dr. Guthrie took the same ground.

Dr. Griscom resumed, and by statistics proved that New York had only been saved from yellow fever by Quarantine. For thirty-four years prior to 1809, we had seventeen visitations of yellow fever. In the 34 years subsequent to that date, (when first anything like an effective Quarantine was established,) we had only two visitations.

Dr. Stevens.—But since then we have introduced the Croton water.

Dr. Griscom—But Croton water don't prevent yellow fever, nor does drainage. Dr. G. proceeded at some length to argue the value of Quarantine to New York, explaining lucidly why, under the New Orleans theory of yellow fever causes, we had not suffered it as an epipemic when it was introduced.

Mayor Rodman cautioned the Convention against indorsing the radical doctrines of the report, in view of the effect it would have on Boards of Health, subjected, as they always were, to the pressure from commerce.

Dr. Watkins, of Troy, followed in the same strain.

Dr. James R. Wood, of N. Y., said that the literature on the subject would not justify the doctrines of the report. He moved to commit the whole report to the committee responsible for it, with instructions to report it to-morrow complete, and free from its radicalisms.

The motion prevailed, and the convention adjourned to 7½ o'clock in the evening.

*Evening Session.*—The evening session was devoted to the report of Dr. Henry G. Clark, of Boston, proposing a draft of a sanitary code for cities. After considerable discussion, in which objection was made to the general applicability of the proposed code, the further consideration of the subject was postponed.

*Third Day.*—Dr. A. H. Stevens' resolution being in order, he briefly defended the grounds of his proposition.

Dr. Bell, of Brooklyn, had been intimate with yellow fever in Vera Cruz, had had it himself, had seen it on the coast of Africa, and was satisfied that it was not a contagious disease. Quarantine should be as carefully maintained concerning the sick as the well. It was certainly wrong to surround those sick with yellow fever with the causes of the disease, in the shape of infected vessels, clothes, &c. Why did not the yellow fever spread at the burning of the Staten Island Hospitals, if persons can communicate it from one to another?

Lieut. Viele alluded to the disagreement among the doctors. He had been in yellow fever, had had it, had slept with those sick with it. He moved to commit the resolution to a select committee, to report to the next Convention.

Dr. Jeffries said there would be no disagreement among the doctors on this point. It was as generally believed that there was no personal contagion about it as that men shake with the fever and ague.

Dr. Francis, of N. Y., had been a devoted student of the behavior of fevers now just fifty years. He had been in every yellow fever epidemic that had visited New York since 1791; had read, to speak modestly and safely, 300 volumes on the subject. As New York was the first to establish Quarantine on what looked to a proper basis, he was sure she would not be the first to abandon it. It has cost millions of money, but all the expense of all her Quarantines was re-imbursed by the immunity it afforded from the plague in 1856 alone. Our mission is to purify and cleanse our city, not to demolish Quarantine. By patient inquiry, we may lessen the oppression of Quarantine. Abolish it, and you lay waste our city, and the poor will have no retreat. He hoped Lieut. Viele's motion would prevail.

Dr. A. H. Stevens had been through four or five yellow fever epidemics, and had seen no case where personal communication had conveyed the disease. He called upon Dr. Francis or any other man present to put his finger on any such case within his own observation. And if no such case can be produced, why not now announce the sentiment of the Convention? Why not give the boon to the public of relief from one of the grievous burdens of Quarantine?

Dr. Francis instanced the capricious nature of infection by referring to the fact that persons were often exposed to small pox, and yet escaped the disease.

Dr. Bell moved to amend Dr. Stevens' resolution by adding, "*Provided, that fomites of every kind be rigidly restricted.*" Dr. Stevens accepted the amendment.

Dr. Sterling (late of the Marine Hospital) stated that it was not the persons, but the clothes of the yellow fever sick, that carried the disease from point to point where the atmosphere was not charged with it.

Mayor Rodman wished to know if an infected vessel should come to Providence, and he should, on the authority of this Convention, permit the sick and the exposed to land at once, whether he would be by this Convention held blameless, if so the pestilence should be let loose on the city.

Mr. Halliday was not prepared to vote. He was not sufficiently informed, to do so intelligibly. While such venerable medical fathers as Dr. Francis protest against the doctrine of the resolution, he certainly should hesitate to vote for it.

DR. MAURAN, of Providence, favored the resolution.

DR. LA ROCHE, of Philadelphia, was for the resolution.

DR. STORER, of Boston, wished to give the resolution to a committee. He was as strong a non-contagionist as lived, but he thought it premature for this body to announce the doctrine authoritatively.

DR. WOOD, of Philadelphia, was sure that quarantine, as conducted, was doing a great personal injury to those coming from infected districts, in keeping them so long surrounded by the fomites of yellow fever, in quarantine vessels and in hospitals. It injured the port to which they come—it injured commerce. He believed there was no such thing as a personal communicability of yellow fever. Believing this, the medical profession should do its duty and announce its belief. A healthy person, as well as a sick one, would convey the fomites; the danger of infection was not in the person, but in the clothes and baggage. He never knew a case that looked like the communication of the disease by persons to each other; he believed yellow fever to be a specific disease, but no more contagious, personally, than bilious fever.

DR. SNOW, of Providence, said he never detained persons, however infected. He only quarantined the *fomites*.

DR. JEDEDIAH MILLER urged the passage of the resolution, for the sake of educating the people—of assuring them of the innocence of passengers from infected ports or vessels. The Health Officer of Brooklyn, now present, could testify that not a case occurred from the exposure of scores of patients, taken in 1856, and scattered through the Flatbush Hospital.

The previous question being moved, and the roll called, the commitment was refused—ayes 11, nays 61.

On Dr. Stevens' resolution, the vote stood—ayes 85, nays 6—the latter being Dr. J. W. Francis and Mr. S. B. Halliday, of New York; Drs. H. N. Parkhurst and E. P. Nichols, of New Jersey; and Thos. H. Town and W. H. Taylor, of Pennsylvania.

DR. KEMP, from the Committee on Quarantine, reported that, inasmuch as only a minority of the committee was present, they did not feel at liberty to amend the report, which had been recommitted to them for that purpose, but he reported two resolutions, which were adopted. These resolutions reiterate the necessity of continuing quarantine through all the months of the year, and recommend more careful attention to hygiene on board vessels.

The code of sanitary laws drafted by Dr. Clarke of Boston, was considered, by sections, and adopted—with some amendments, making it more comprehensive.

The Business Committee reported, advising that committees be appointed to report, at the next Convention, on the subjects of Food, City Cleanliness, Architecture, with reference to domiciliary hygiene, and the sale of Drugs and Poisons.

LIEUT. VIELE offered the following, which was adopted:

*Whereas*, the drainage and sewerage of cities is, of necessity, among the powers and duties of the corporate authorities thereof, and, as a consequence, beyond the control of the private citizens; therefore be it

*Resolved*, As the sense of this Convention, that the responsibility for all diseases and deaths in cities, caused by defective sewerage or imperfect drainage, rests upon the corporate authorities, and it be earnestly recommended to the civic authorities to investigate, and to provide prompt remedies for the evils arising from these causes.

A motion prevailed to meet again at 10 o'clock on Saturday.

It was announced that the authorities of the city of New York had offered to publish the proceedings of the Convention. The announcement was bravely cheered.

At 4½ o'clock the Convention adjourned to prepare for the dinner given to the delegates by the city corporation. This was a grand affair.

*Fourth day.*—The Convention met on Saturday morning.

GEN. PROSPER M. WETMORE moved that the Secretary be instructed to furnish the press with the names of the gentlemen who voted on Dr. Stevens' resolution touching "personal quarantine," and that members not present when the vote was taken, be permitted to record their votes upon it. Adopted.

GEN. MATHER offered the following resolution, which was adopted:

*Resolved*, That a Committee be appointed by the President to inquire and report as to the organization and practical working of the Dispensaries in the cities of this and other States, as to their relation to municipal and domiciliary hygiene.

On motion of MAYOR LINCOLN the Convention determined to hold its next annual session in the city of Boston, June 14th, 1860.

On motion of DR. HARRIS, a committee was appointed to report upon the causes of

malaria, that are properly subject to the control of State and Municipal authorities.

After passing the ordinary complimentary resolutions, the President announced the Committees, and, with a happy sanitary, statistical, complimentary farewell address, declared the Convention adjourned *sine die*.

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## NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

FRIDAY EVENING, JANUARY 14TH, 1859.

Dr. Mayburry, (President), in the chair.

*Subject for Discussion*—DYSENTERY.

DR. L. P. GEBHARD read the following paper:

Writers generally agree that dysentery is an inflammation of the mucous membrane of the intestinal canal: which is in most cases attended with fevers generally accompanied with bloody discharges, tenesmus and pain. The treatment recommended by different authors is very similar; if the pulse is active, and the fever high, bleeding from the arm is recommended. Emetics have been highly lauded. Cathartics are also generally employed, and are considered by all as a *sine qua non* in this disease; to be repeated until free evacuations are produced. The mildest articles of this class have generally been preferred, as being best adapted in these cases; of these, we may mention calomel, castor oil, sulphate of magnesia, seidlitz powders, &c. Calomel has been employed particularly to relieve the portal circulation from any congestion that might exist there, as also to remove any torpor of the liver that might be present.

Diaphoretics are given to divert as much as possible, the internal irritation to the surface of the skin by exciting perspiration. Mercury has also been used as an alterative. Peruvian bark, acetate of lead, opium, acids, sulphate of copper, nux vomica, &c., &c., have severally been employed more or less in different stages of the disease. Rubefacients and emollient applications to the abdomen, together with enemata of a mild character, and in some instances, even irritating remedies have been resorted to.

Previous to the year 1834, he pursued a similar course, without arriving at a result altogether satisfactory to his own mind. The tenesmus, which uniformly is one of the most prominent symptoms of the disease indicated, he thought clearly, that the *vis medicatrix naturæ* was making an effort to remove an irritating cause from the bowels, which is the source of the great evil with which we have to contend; the object therefore in view, was to assist nature in her unavailing efforts, by the administration of cathartics sufficiently active to stimulate the peristaltic motion of the intestines so as to expel effectually all the irritating matters.

This induced him to adopt a more prompt and decided course than had been previously employed by practitioners. The diarrhœa which not unfrequently precedes an attack of dysentery, and which might be considered as sufficient to cleanse out the primæ viæ, without resorting to active treatment, no doubt led physicians to adopt the mild system of treatment in such cases. Such a diarrhœa may, and generally does remove the thinner and more watery portion of the contents of the bowels, and yet not act upon the great mass of feculent matter collected in them, by reason of previous constipation, thus leaving the offending cause untouched. In such cases, regular daily evacuations may occur, much less in quantity than the amount of food taken into the stomach, thereby producing a gradual accumulation in the intestinal canal, which may ordinarily cause little or no inconvenience to the person thus circumstanced, until a sudden check of perspiration from cold, or some indigestible food taken into the stomach, or any other cause may produce a fever, and thus irritate the mucous membrane of the bowels, and this accumulation which had previously remained harmless, becomes the source of irritation to the inflamed mucous surfaces. In all formidable cases that had fallen under his notice, the disease was ushered in by a chill, succeeded by fever; the dysenteric symptoms being consequent upon the fever, and not the fever to the dysenteric attack. The cases we are called upon to attend in private practice, are generally sporadic in their character, and such as are not usually dependent on atmospheric influence.

He then related two cases occurring in 1834 and 1835. On the 22d of July, 1834, he was called to a case of dysentery, a Mrs. M., aged 30 years, of robust frame, and inured to hard work. Two days previously, she had taken indigestible food, such as cucumbers, apples, &c., which soon after brought on looseness of the bowels, pain and tenesmus, for which she took a dose of castor oil. On the evening succeeding, he found her with a violent fever, pain in the bones, and a continuation of the bloody discharges, notwithstanding the free operation of the oil. Ordered—

℞. Hydrarg. chlorid. mite gr. xij.
Pulv. aloes, gr. vj.
Pulv. rhei, gr. ij.

Made into pills. To be taken at one dose.

July 23d, the pills had operated several times, the discharges not so bloody or painful, and the fever entirely gone. Ordered ol. ricini, f℥ss. in a mucilaginous mixture. 24th, the oil has operated, the evacuations much improved, no more blood or

tenesmus, the patient was considered as convalescent.

At the same time, he had another patient similarly affected, to whom the drastic purgative was given, after which, the same kind of feculent matter was discharged. Castor oil was then given, and on the 4th day she was convalescent.

On the 5th of August, 1855, he was called to F. S., æt. 17, and found him with a hot, dry skin, frequent pulse, furred tongue, great thirst, and a continued inclination to evacuate the bowels. The stools were frequent, small, and bloody, attended with violent tenesmus. He complained also of extreme tenderness of the abdomen on the least pressure being made. On the evening previous, he took a dose of castor oil, which operated, without producing any relief. He was ordered—

℞. Hydrarg. chlorid. mite, gr. xij.
Pulv. aloes, gr. vj.
" rhei, gr. iv.

Made into four pills, to be taken at one dose, and followed in five hours by a dose of castor oil, provided they did not operate in such a manner as to produce free evacuations, without blood or tenesmus; directed rice water as a drink, to be taken in moderate quantities throughout the night. On the 6th found him better, fever abated, skin less hot and dry, pulse less frequent, and thirst gone; the tenderness of the abdomen still continued. The pills had operated several times freely without blood or pain. But, as is usual, the bloody discharges reappeared in the morning. Ordered a dose of castor oil, beat up with an equal quantity of the white of an egg, into an emulsion, and the rice water to be continued. In the evening all the symptoms were abating. Ordered, in case of a return, ten drops of laudanum every half hour till relieved.

7th. Much improved, had but one evacuation during the night, and that was bloody. Believing that the offending cause was not entirely removed, and, if left in that state, the same unpleasant symptoms would return with violence, he ordered a repetition of the calomel, aloes and rhubarb as above. This operated in a few hours by the evacuation of a large quantity of dark offensive matter from the bowels, after which there was no return, and the recovery was rapid.

Ever since that period he had treated this disease in the same manner, and with the same success. The advantage of this course of treatment consists in removing the offending cause early in the attack, and thus getting rid of the trouble, perplexity, and all the evils emanating from a long and protracted case. It not unfrequently happens that an effect may continue, even after the cause is removed—so, after the operation of the powerful cathartic mentioned, which is calculated to remove the cause, the irritation may still continue; therefore, in order to give rest to the patient, and also to test the real nature of the case, he generally prescribes opium in some form, in small and frequently repeated doses if required, until the irritation is allayed. If, after a period of several hours, this irritation returns, which is evinced by the tenesmus and bloody discharge, the evidence is fair that the cause still exists to a greater or less degree, and requires the repetition of the same remedy, provided the state of the system will admit of it. If the febrile excitement has subsided in such a case, he prefers the employment of castor oil in a mucilaginous mixture. If, after the operation of this article, the irritation again returns, he resorts to opium as above, which gives an opportunity to ascertain if the irritation or tenesmus resulting therefrom, returns more from habit than anything else. If from habit, the patient will be soon relieved; if not, more purgatives will be required, either of a milder or more drastic character, according to circumstances.

It may be considered as a settled principle in such cases, that the sooner the irritating matter is removed from the bowels, the sooner the patient will recover; and the more active the remedies employed in the accomplishment of such an end, the greater will be the gratification of the physician in attendance. Nevertheless, an eye must always be kept upon the state of the system, and the strength of the patient at the time, in order to prescribe safely and understandingly in the case.

Within a few days past he had encountered a similar case, in which he ordered the pills as above, but which did not operate within six hours. The dose was repeated, and removed a large quantity of feculent matter, as in the cases before stated. The fever which existed was thereby relieved, together with the pain, etc., and on the recurrence of the same symptoms on the following day in a mitigated form, a dose of castor oil in emulsion was administered, which, in addition to two or three doses of laudanum, of ten drops each, constituted the whole treatment, so that within four days from the commencement of a violent attack the patient became convalescent, and was enabled to attend to his business as usual.

He remarked that the cathartic referred to as so efficacious in this disease, though it might be drastic in its operation in many diseases, and might be justly considered a drastic in such cases, is, nevertheless, very mild in its operation in the cases to which he referred, not causing, from the time of its being taken to the termination of the evacuations it produces, the least griping or inconvenience to the patient.

[*Discussion next week.*]

# Editorial.

☞ Although we had prepared considerable editorial matter for this number, we cheerfully give place to the very large amount of interesting material with which our pages are filled, necessitating, as our readers will observe, a considerable addition to this week's issue. Nor does this addition enable us to accommodate all our correspondents, for we have on hand several very valuable articles and reports, which are necessarily deferred.

Our arrangements are now perfected for giving a complete weekly periscope of foreign as well as domestic medical literature and news, up to the very latest dates; and the subscribers to the REPORTER will find, that as regards the publication of the most important matters contained in the foreign journals, we shall anticipate most, if not all, our cotemporaries, by several weeks.

We take this opportunity to express our grateful appreciation of the hearty support accorded to our enterprise, by the profession of every section of the country; and to assure our friends that we shall not relax in our efforts to sustain in America a sterling weekly medical periodical, of character and influence. To many friends, we are under obligations for special favors, but we refrain from making a more particular acknowledgment of them.

In conclusion, we would say, to all our readers — do not relax in your disposition, as evidenced in our pages, to report practical, instructive cases, written concisely, yet clearly. They are always welcome. Long articles are not appropriate for our pages, unless there is something of uncommon interest connected with them.

## MEDICAL DEPARTMENT OF PENNSYLVANIA COLLEGE.

We learn that the late Faculty of this Institution have retired from the management of its affairs, and tendered their unconditional resignation to the Parent Institution at Gettysburg; and that the Faculty of the Philadelphia College, on their own application to the Board of Trustees, were elected to fill the vacancies.

The retiring Faculty carry with them into private life, the affection and confidence of a large body of Alumni and the community generally; whilst the gentlemen who now compose the Faculty have every prospect of continuing the successful career of this well-established College.

☞ We would call the attention of our readers to the advertisement of James W. Queen & Co., the Opticians. Their catalogue of instruments, which have become a necessity to the medical man, is, it will be seen, very extended and attractive. Their microscopes are very extensively used by the profession, and give general satisfaction. Those of our readers who need such instruments, cannot do better than give Queen & Co. a call.

☞ *In our next issue we expect to begin the publication of a report of* LECTURES ON DISEASES *of* THE SKIN, *by* M. HARDY *of Paris, prepared expressly for the* REPORTER. These lectures will occupy a portion of our pages weekly for two or three months.

# Periscope.

## FOREIGN.

From the German, by THEODORE A. DEMMÉ, M D.

*Carcinosis Miliaris Acuta.*—In the *Med. Cent. Zeit.* there is a review of an article of Dr. Hermann Demmé, Surgeon to the Hospital and of the College at Berne, Switzerland, upon the above subject.

By carcinosis miliaris acuta, Demmé understands extensive deposition of minute cancerous granulations, varying in size from that of a hemp seed to that of a pea, which suddenly and rapidly takes place upon the surface and in the parenchyma of the various internal organs.

To Rokitansky the credit is due of being the first to direct attention to this variety of carcinoma. From seven cases of this form of disease, which have occurred in the practice of Dr. D., the following anatomico-pathological conclusions are drawn:—Carcinosis mil. ac. appears in the form of yellowish grey, whitish or redish, sometimes transparent granulations of the size before mentioned; the consistence varying from scirrhous hardness to medullary softness. The deposition may occur disseminated, or so aggregated that the part may be said to be infiltrated. In the majority of cases a local cancerous affec-

tion preceded and coexisted with the miliary carcinoma No internal organ seems to possess an immunity against this pathological formation, though Demmé has never seen it in the bony, tendinous and horny tissues, nor upon the external surface of the body. The pleura is most frequently affected. Microscopic investigation proves that the granulations have the characteristics of encephaloid cancer; this is the case, even when the local affection is of a scirrhous nature.

The symptoms which invariably occurred at the time of the miliary deposition were, intense febrile excitement, pulse rapidly rising to 120–135, which frequency was maintained without any perceptible intermission; great prostration, ending often in a complete typhoid adynamia; symptoms of inflammation of the organ affected occupied the foreground; the peculiar cancer physiognomy, if not apparent before, becomes marked; the entire system seems to stagger beneath the blow, and soon succumbs to the disease.

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*Direction of the Ciliary Motion.*—Although numerous observations have been made during the last few years in regard to ciliary motion, great uncertainty nevertheless remains in regard to the direction of the same. The mucous membrane of the air passages has been an object of particular interest as regards the ciliary motion, and yet Purkinje and Valentin, in spite of numerous and careful experiments, have not been able to arrive at any satisfactory conclusion. Valentin says that the direction of the motion varies. Sharpey, on the other hand, asserts that the ciliary processes always move in one determinate direction, and as regards the respiratory mucous tract, in mammalia, from the bronchioles, upwards, towards the larynx. In birds the reverse motion obtains.

In the *Deutche Klinik* for January, 1859, Dr. Ritter remarks that he was induced, in consequence of the opposite conclusions arrived at, to make a new series of observations. He agrees with Sharpey as regards the direction of the current in mammalia, but asserts that it is the same in birds; the direction never varied. We are inclined to give credence to the statement of Ritter, from the fact that instead of expecting to ascertain the direction of the current from the motion of coarse particles, pulverized charcoal, &c., he invariably moistened the specimen under the microscope with the fresh blood of the frog; the large corpuscles of the frog rendered its blood peculiarly suitable to the purpose. Upon placing a longitudinal strip of the mucous membrane upon the stage, carefully remembering the exact position that the strip occupied in the mucous membrane, the blood corpuscles are at once seen dancing to and fro, and steadily moving in the direction above mentioned.

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*A New Muscle.*—Prof. Budge, (*ibid.*) in the dissection of the muscles of the human eye, noticed a muscular fasciculus, which, separating from the *M. levator palpebræ*, proceeded inwards, dividing into two portions, each of which ended in a tendon, and were inserted into the trochlea. Further investigation was made upon 13 eyes, with the following result: In one case the muscle was absent; in the remaining twelve it was invariably present, although in some cases very thin and attenuated. Of the thirteen eyes, three were from new-born children, and in each the muscle was very evident; six from females, in three of which the muscle was strongly developed, in two was merely perceptible, and in one was absent; four from males, in two very marked, and in the other two consisted of a tendinous cord. To this muscle B. gives the name *tensor trochleæ*, from the necessary action thereof. It is possible that it may have some effect upon the direction of action of the *M. obliquus superior.*

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[From the German, by L. ELSBERG, M. D., of N. Y.]

*Dr. Th. Clemens*, of Frankfort-on-the-Main, continues and concludes, in the last numbers of the "*Deutsche Klinik*," the able exposition of the superior *tonic*, *alterative* and *resolvent* properties of his solution of arseniated bromide of potassium. Our space at present excludes more than the mere reference to his highly interesting and instructive cases.

*Dr. Clemens' method of cauterization of the urethra*, by introduction of a bougie anointed with a solution of argent nit. ℈j, in pure glycerine f℥j, we can, from experience, very highly recommend in the treatment of the most obstinate cases of chronic gonorrhœa and gleet.

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*Diagnosis of Gluteal Aneurism.*—Dr. E. Blasius, of Halle, calls attention to "a peculiar pain in gluteal aneurisms," of importance in the diagnosis of their existence and seat. In aneurism of the *arteria glutæa inferior* (ischiatici), on strong and persistent

pressure being made in the affected region, there occurs at the moment of discontinuing the compression (i. e. the moment of re-engorgement,) a *violent* pain along the ischiatic nerve "pathognomonic of the disease."

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*Glaucoma and Iridectomy.*—Glaucoma is defined by Prof. E. Jäger, (*österr. Zeitschr. f. praks. Heilkunde,*) "that diseased condition of the eye in which, with or without inflammatory phenomena, there are present besides the generally understood symptoms, those of *excavation of the optic nerve.*" In relation to the latter he mentions principally the variously blue or gray-green coloration and vesicular appearance, the gradual paling, apparent displacement and gradual disappearance of the vessels, and the more or less distinct yellowish annulus in the neighboring choroid membrane. Arterial pulsation, Jäger regards valueless in the diagnosis, because it may be present in other states of the eye. The cause of what he calls "excavation," he thinks must be sought in a diminution of the power of resistance of the tissues caused by local affection; the essential nature of glaucoma is therefore distinct from the affection of the optic nerve, and the views of the older pathologists who believed in a specific affection of the *ophthalmia arthritica*, might well be revived and studied. To separate from glaucoma some cases under the designation of "amaurosis with change in the optic nerve," is according to Jäger, improper, since, with the exception of the symptoms in the choroideal nutritive sphere, there are cases of glaucoma, being developed under the same constitutional circumstances, and in patients of the same age, and after some years finally terminating as glaucoma.

But the results of the iridectomy on account of glaucoma, performed by Jäger, do not by any means justify the great confidence but so lately placed in this "curative method." His cases constitute the greatest number of reliable cases on record, and the operation was hardly of any real benefit, except in very acute glaucoma, the ophthalmia arthritica proper, and the favorable success of the operation on one eye, did not prevent the occurrence of the disease in the other.

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*Hernia; Strangulation of.* — (See REPORTER, p. 65.) Prof. Roser, in the *Archiv. f. Physiol. Heilkunde*, 1859, ascribes the oft-remarked hardness of the tumor of strangulated hernia to an incarceration of the contents of the protruded knuckle of intestine, *produced by a valvate formation of folds of the latter*, near the stricture. According to his views there are three conditions of strangulation:

1. The *ordinary hernial strangulation*, in which valvular incarceration occurs;

2. *Incarceration* without *strangulation proper;*

3. *Strangulation of the empty gut;* viz:

(1). In the first, valvular incarceration combines with venous stagnation. The passage of the fæces from the protruded portion of intestine as well as the circulation in the part, are therefore interrupted.

(2). But valve-incarceration may occur without strangulation. There are cases of hernia with tympanitic sounding protrusions, that cannot be emptied, and are irreducible, yet with no symptoms of strangulation. Such intestinal tumors are often very tightly filled, hard to the touch, and the contents of the gut cannot be restored to the abdomen, but on compression, seem to impinge against the hernial ring. This phenomenon is explained by the assumption of valves. Reduction often occurs spontaneously, or after the employment of enemata, and purges, as tinct. colocynth.

(3). In cases of strangulation of the empty gut, the valve action under discussion, is absent, but may well occur after the exudation of serum into the intestine. The strangulation is often caused by enlargement of the intestine alone, in consequence of the venous stagnation. The symptoms here are violent; taxis is hardly ever successful, and the knife must be early resorted to.

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*Military Ophthalmia.*—The celebrated Dr. Vleminckx, in a very logical, argumentative address before the "Belgian Academy of Medicine," proved positively the incorrectness of the view that had lately been gaining ground rapidly, that the "ophthalmia of the army" is a specific disease. We find his brilliant address reported in the *Presse Médicale, Belye* 1859. He proves "military ophthalmia" to be only a simple syndermitis, as observed in every inflammation of mucous membrane. The so-called virus, the presumed contagious muco-pus, is only a simple irritant which may produce inflamed states of the mucous membrane, with which it is brought in contact; not by peculiarly virulent but simply irritant properties, however. Simple bronchitis might as well be said to be caused by a peculiar bronchial virus. Against the assumption of so-

called *latent granulation*, Dr. V. spoke as strongly, saying that "this unfortunate hypothesis has caused the world many victims, and still calls for more."

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*Modus operandi of Chloroform.*—Dr. F. Piossek read before the Physiological Society of Greisswald, an account of experiments with chloroform, made under the direction of Prof. Hunefeld, which seem to establish the following conclusions as to the modus operandi of chloroform, beyond a doubt:

*Chloroform produces anæsthesia by abstracting from the blood* some of the *oxygen* necessary to the continuance of the organic processes, thus causing *impaired nutrition* of the central organs and nerves; hence the insensibility of the sensatory, and the relaxation of the motory nerves.

The oxygen of the blood probably combines with the carbon (liberated by the decomposition of the chloroform) to form carbonic acid, while the chlorine and water of the chloroform probably form hydrochloric acid, &c. Into what combinations this hydrochloric acid may then enter with the ingredients of the blood, is as yet unknown.

The other anæsthetics, ether, amylene, &c., act similarly, and their modus operandi may be compared to the narcotizing or asphyxiating action of carbonic acid on nitrous oxide.

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*Influence of posture on tympanitic percussion sound.*—Dr. C. Gerhardt, of Trilingen, relates in a late number of "*Deutsche Klinik*," that he noticed in a phthisical patient, aged 62 years, extremely emaciated, together with auscultatory signs indicating a large cavity,—a rather full, clear, strongly tympanitic sound on percussion under the left clavicle, the pitch of which remained unchanged whether the mouth was open or closed,* but became very perceptibly higher when the patient sat up. The inference necessarily was that the cavity must contain air and liquid, its greatest diameter must be in the long diameter of the body, and hence the greatest length of the space filled with air must, in consequence of the change in the position of the liquid in the sitting or standing posture, be diminished. Thus the higher tympanitic sound would be produced, on the patient's rising from the horizontal position in bed; since the pitch of a sound increases with the diminution of the longest diameter of the body of air vibrating. The observation thus accidentally made, was frequently repeated, and the inference verified on post mortem examinations. Dr. G. then extended his investigations to a great number of healthy as well as tuberculous persons, until he arrived at the following conclusions:

1. The tympanitic cavernous sound may become higher or lower, in the erect or sitting posture, than in the horizontal; which variation in pitch depends in all probability upon change in position of liquid in the cavity, and may become of great importance in diagnosis.
2. The not-tympanitic sound of the lung in the vicinity of the liver, is higher in the erect than in the horizontal posture.
3. The difference in sound may, in persons with lean and slender thorax, be detected sometimes up to the clavicular region.

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*Treatment of Heart Disease.*—That the treatment of chronic organic diseases of the heart is one of the most difficult subjects presented to the practitioner, every one may admit, and it can therefore not be out of place to repeat some of the points of a communication on this subject to the *Wiener Med. Wochenschr.*, by so great an authority as *Prof. H. Lebert, of Zürich.* "First and foremost" he begs not to use abstraction of blood, strong purges, and all weakening methods, without a great deal of care and caution. Blood-letting he rarely employs in valvular disease. If in its course an acute inflaming complication, or pericarditis or endocarditis sets in, cups or leeches, extracting not more than 6 ozs., may frequently be of benefit; and if in spite of their employment, active measures are still necessary, he recommends a large fly-blister, with daily endermic application of morphia, (½ grain.) What Prof. L. says about digitalis we omit, because generally known. Of aconite he says "less heroic and active than digitalis, especially not decreasing the pulse as decidedly, it is nevertheless a remedy able considerably to quiet the dyspnœa, palpitation, the many subjective symptoms of the patient, and even the stormy cardiac excitement.

An important point is the gradually developed cachexia and exhaustion of strength of the patient.

Lebert has for many years been in the habit of accurately examining the state of the muscle of disordered hearts, with a view to discover

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* *Wintrich* directs attention to the difference of the tympanitic percussion sound observed over cavernous lungs, on *opening and shutting the mouth*, in Virchow's Handbook of Pathology and Therapeutics, vol. v. div. i. p. 20.

how far the steady decrease of functional power is due to the change locally, and in the muscular fibre itself. It results from these examinations, that very frequently fatty degeneration of the primary cylindroids of the cardiac muscle absolutely exists in some degree, even where its color and consistence would not lead us to think so.

The better patients with heart disease are fed, (of course avoiding everything exciting,) the longer can they resist the disease. Moderate animal diet is therefore to be recommended in conjunction with the vegetables. Tea, coffee, alcoholica, as well as wine in large quantity, must be strictly prohibited. Cocoa, or infusion or decoction of acorns may be taken for breakfast; a light beer, a small quantity of good old wine mixed with water may be allowed at dinner. Particularly in the later anemic cachectic stages a more analeptic diet, and the use of iron is necessary. Lebert strongly recommends the *fer. hydrogen. reductum*, gr ij., at each meal; or else *tinct. ferri pomati*, gtt. xx to xxv, under suitable circumstances, mixed with equal parts of *tinct. aconite* The tartrate of iron and potassa (gr. iij, v. f. d.) is also mentioned, since change of preparations becomes necessary in the continued use of iron.

Of the application of vesicants, setons and moxa, Lebert has never seen any great good come in chronic organic diseases of the heart.

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*Tumors on the Head of the New-born.*—In the second number of vol. ii. of the "*Wiener Jahrb. der Kinderheilkunde*," we find a very able dissertation, by the celebrated *Dr. Bókii, of Pesth*, "on the differential diagnosis of certain tumors on the head of new-born children," which at present we can hardly do more than announce, with our best commendations. Dr. B. mentions as the more important to distinguish from cephalæmatoma or thrombus, an effusion of blood between the pericranium and the external table, a case of which gave rise to his dissertation. Caput succedaneum, or "swelling of the head," produced during birth, and consisting of either a purely serous infiltration or effusion mixed with blood into the scalp and subcutaneous areolar tissue; encephalocele, or hernia of the brain; hydrencephalocele, in which there is a fissure of the cranium, the scalp forming a hernial sac, containing a large quantity of serous fluid with the brain; fungus duræ matris, a cancroid formation on the dura mater, etc., etc.

## AMERICAN.

*Medical Specialties.*—The readers of the REPORTER know that it has never been an advocate of the practice of specialties. The following well-timed remarks on the subject are taken from an article which we find in the *Peninsular and Independent Medical Journal:*

"There is no man who knows so little of the correct treatment of the human eye as the professed oculist. There is, in like manner, no man so deplorably ignorant of the human ear as the "aurist." There is no man so dangerous to the integrity of the human windpipe and its appurtenances as the "throat man." There is no man so prolific in mischief to the fairer portion of the race as he who displays, as the peculiar badges of his ministry, the speculum, the *porte caustique*, the sound, and the multiform pessary.

And the catalogue might be extended indefinitely. A large proportion of this unmistakeable quackery has grown up insidiously within the very sheepfold of the profession. The magnates have eaten of it to their own rejoicing of pocket, and the tender lambs of the flock nibble assiduously at the promising grain, being fully persuaded that they shall thereby be enabled to wax fat, and, in their turn, kick lustily at all "irregulars"—outside the pale *delicianum vitianum*.

Whatever excuse might have formerly been afforded for an attempt at division of labor in the practice of medicine, however attractive seems the opportunity, the great light which has of late years been thrown upon the intimate relation existing between the most remote parts of the human body, now utterly dispels the illusion. No man who understands the full import of comparatively recent discoveries can now fail to see that the attempt to separate treatment of any single part of the body from a complete knowledge of the method of treating the whole, however diseased, is like a man's attempting to light a single burner when the whole supply pipe is shut off at the meter. It may burn a little, a timid, flickering ray or two, enough to show how dark the surroundings are, but speedily it is gone—precisely as the traveling specialists do, burning out the supply in their little pipes, and then, the places which have once known them know them no more forever.

It is to be feared that much of this tolerance of specialism has grown out of sheer indolence. Acquaintance with what inquirers in special

departments of medical science have brought to light is imperatively necessary to the conscientious medical practitioner, and it is quite a relief to have some prophesiers of smooth things say that it is better to devote attention to what observers in one department only bring forward. But he only is a reliable practitioner who has drawn from every well at whose bottom Truth is—who has thoroughly grounded himself in the lore of experience, and the wisdom of research in all science.

This idea is not novel—it is as old as Bacon. 'In particular sciences, we see, that if men fall to subdivide their labors, as to be an oculist in physic, or to be perfect in some one title of the law or the like, they may prove ready and subtile, but not deep or sufficient, no, not in that subject which they do particularly attend, because of that consent which it hath with the rest.' . . . 'I mean not that use which one science hath of another for ornament or help in practice, but I mean it directly of that use by way of supply of light and information, which the particulars and instances of one science do yield and present for the framing or correcting of the axioms of another science *in their very truth and notion*.'

Refer now to the flood of light which is being thrown upon the connection of remote parts of the human body, by the ingenious application of the newly-discovered laws of nervous action, to the elucidation of previously occult phenomena. The physiology of metastasis, now as clearly discoverable as the physiology of digestion. The epilepsy supplanting the disease which long baffled the 'skin man.' The phthisis, which rewarded the efforts of the 'os uteri man.' The diabetes, which puzzled the 'liver man,' and so forth, and so on, to the end of the categories."

# Medical News.

*Phosphornecrosis.*—We had recently, through the attention of Dr. J. R. Wood, of the Bellevue Hospital, New York, an opportunity of seeing a remarkable case of extensive necrosis of the facial bones, in a young woman, produced by exposure to the fumes of phosphorus in a match factory. The inferior and superior maxillæ had been a long time previously removed, and we witnessed the removal of the entire malar bone of the left side. In these operations the periosteum had been carefully allowed to remain, and in the place of the lower jaw, a firm rim of bone has formed, which will, to some extent, aid in mastication.

Two mesmeric professors at Turin, who advertised to cure all diseases by mesmerism, have been tried, convicted and imprisoned. One of them endeavored, in court, to mesmerize his own counsel, but failed, amidst the laughter of the audience.

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The summer season is just beginning at Paris, and we notice that no less than four professors are this year authorized to put substitutes into their respective chairs. The favor has probably been granted on the plea of age and ill health. Professorships are not liable to the same limitation of age as posts in hospitals; the latter, as is well known, must be given up at sixty. The professors alluded to are — Moreau, (Midwifery); Dumeril, (Medicine); Adelon, (Forensic Medicine); Rostan, (Clinical Medicine at Hôtel Dieu). The substitutes are Pajot, Becquerel, Tardieu, Noël Gueneau de Mussy.—*Lancet.*

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M. Melsens has recently proved by a series of experiments, that *nicotia*, like strychnia, can be chemically detected in the human body long after death. The process of putrefaction is insufficient to destroy it, and it will remain to testify against crime.

## MARRIAGES.

MARSHALL—BOSTWICK.—On the evening of the 20th of April, 1859, by Rev. Geo. W. Timlow, Benj. F. Marshall, M. D., of Beardstown, Cass Co., Ill., to Hattie E., eldest daughter of J. C Bostwick, Esq., of New Lebanon, N. Y.

UPSHUR—BOYER.—In All Hallows church, Snow Hill, Md, on the 27th of April, by Rev. C. M. Parkman, Dr. Geo. M. Upshur to Sophia, eldest daughter of the late Dr. Boyer, all of Worcester Co., Md.

## DEATHS.

ACKLEY.—In Cleveland, Ohio, April 24th, H. A. Ackley, M. D., aged 49. Dr. Ackley was well known as a surgeon of ability, and was, formerly, we believe, a professor of surgery in one of the Western colleges.

BOND.—In this city, May 4th, Henry Bond, M. D, in the 70th year of his age.

GLOVER.—On the 9th of April, Dr. R. M. Glover, of Newcastle, England. As a philosophic, practical chemist, Dr. Glover was well known, particularly with regard to his original investigations of the properties of chloroform. It is remarkable that this very article was the cause of his death. He had, owing to bodily suffering and pecuniary difficulties, resorted to taking narcotics and stimulants. Several doses of chloroform, taken at short intervals, led to coma and death. The coroner's jury came to the conclusion that it was not taken with the object of committing suicide, but of obtaining a temporary oblivion of suffering.